(Material for Adult Education, Free Circulation)

REGIONAL DOCUMENTATION CENTRE

POPULATION AND DEVELOPMENT EDUCATION CELL

ARTICLES AND PRESS CLIPPINGS

VOLUME - 58

(SEPTEMBER - 2005)

Inf.
1. Research reports
2. Knowledge Commission

REGIONAL DOCUMENTATION CENTRE

POPULATION AND DEVELOPMENT EDUCATION CELL
STATE RESOURCE CENTRE FOR ADULT EDUCATION
LITERACY HOUSE, ANDHRA MAHILA SABHA
O.U. ROAD, HYDERABAD - 500 007
ANDHRA PRADESH

(Material for Adult Education, Free Circulation)

REGIONAL DOCUMENTATION CENTRE

POPULATION AND DEVELOPMENT EDUCATION CELL

ARTICLES AND PRESS CLIPPINGS

VOLUME - 58

(SEPTEMBER - 2005)

Imp.
1. Research reports
2. Knowledge Commission

REGIONAL DOCUMENTATION CENTRE

POPULATION AND DEVELOPMENT EDUCATION CELL
STATE RESOURCE CENTRE FOR ADULT EDUCATION
LITERACY HOUSE, ANDHRA MAHILA SABHA
O.U. ROAD, HYDERABAD - 500 007
ANDHRA PRADESH

CONTENTS

S. No	Subject / Topic	Page. No
1	Adolescent Health/ Education	1-12
2	Migration	13-15
3	Population and Literacy	16-28
4	Reproductive Health/Rights	29-53
5	Sustainable Development	54-70
6	Education	71-107
7	Environment	108-113
8	Health	114-127
9	General	128-142

E. No	Title/Author	Source	Date

1. Adolescent health/education

E. No	Title/Author	Source	Date
A1848	Sources of stress among adolescents Dr V Srikanth Reddy & others	Jl of Community Guidance& Research	July, 2005

2.Migration/Slums

E. No	Title/Author	Source	Date
M1849	Slum dwellers show the way T Sriraman	The Hindu	27-9-05

News

Title	Source	Date
Cities to teem with slums by 2030	Times of India	14-9-05
More out of towners than out of starters	Times of India	29-9-05

3.Population

E. No	Title/Author	Source	Date
P1850	China must ease one child rule A Olesen	Deccan Chronicle	16-9-05
P1851	Falling sex ratio HL Kapoor	Women's Era	Sep,05
P1852	Ye tera ghar yeh mera ghar V Radhika	The Hindu	23-9-05
P1853	Will girls become extinct in India Vimla Patil	New Women	Sep,05

News

Title	Source	Date
Girl power		
NO girls of marriageable age buy one	Deccan Herald	9-9-05
There's a better sex ration in slums	The Statesman	2-9-05
UTs have lowest sex ratios in country	Deccan Herald	6-9-05
Where have all the girls gone	Times of India	24-9-05

4.Reproductive and Child Health

E. No	Title/Author	Source	Date
R1854	A prophylactic to empower women R Prasad	The Hindu	15-9-05
R1855	Anemia Meeta lal	Women's Era	Sep,05

R1856	Fighting polio to the finish Swati Saxena	Times of India	2-9-05
R1857	Mixed messages H Brackens& Vijaya	E.P.W	Sep,05
R1858	Pregnancy and motherhood Dr Mohd Uzzair	My Doctor	Sep,05
R1859	Rubella and your unborn child Sudha Hariharan	Women's Era	Sep,05
R1860	Weaning foods S Talpade	My Doctor	Sep,05

News

Abortion among young girls on the rise in Ranchi	Pioneer	19-9-05
Body talk	New Women	Sep,05
Child Malnutrition	E.P.W	Sep,05
Fertility rate falls in AP	Deccan Chronicle	19-9-05
Fighting weight gain, post delivery	The Hindu	27-9-05
Indian Americans join hands a Against female foeticide	Times of India	26-9-05
Males averse to sterilization	Deccan Chronicle	26-9-05
Morning after pills are unsafe	Deccan Chronicle	11-9-05
Polio eradication in sight: report	The Hindu	26-9-05

5.Sustainable development

SU1861	Deal with hunger first in fight against poverty Jacques Diouf	Deccan Chronicle	7-9-05
SU1862	Instrument for poverty alleviation S Setha Raman	The Hindu	20-9-05
SU1863	Poverty basic needs and rural livelihood BK Patnaik	Kurukshetra	Sep,05
SU1864	The state of welfare K Awasthi and S Mishra	Down To Earth	Sep,05

News

$ 50 b per year needed to meet UN goals	Times of India	19-9-05
Falling Behind	E.P.W	Sep,04
Food at work is fairly ever food for thought	Times of India	17-9-05
HDI measures parameters of human development	Times of India	12-9-05
India still behind in human development: UN	The Hindu	9-9-05
Unemployment at record high: ILO Report	The Hindu	13-9-05

6. Education

Ed1865	Akshara's preschools raise drop in rate K Behera& B Tripathy	Kurukshetra	Sep,05
Ed1866	Educational Outcomes S Singh& KS Sridhar	E.P.W	Sep,05
Ed1867	Elementary education: progress and Challenges	Yojana	Sep,05
Ed1868	MTA recommendations for education	Yojana	Sep,05
Ed1869	Primary education- an overview	Kurukshetra	Sep,05
Ed1870	Relationship between self concept and literacy of female adults	Edutracks	Sep,05
Ed1871	Revamp vocational education A Talwar	Deccan Chronicle	13-9-05
Ed1872	Rural distance education APJ Abdul Kalam	Yojana	Sep,05
	Sarvasiksha abhiyan	Yojana	Sep,05

News

Center has residual literacy	Deccan Chronicle	29-9-05
Committee for steps to cut school Drop out rates	Yojana	Sep,05
Learn and earn	India Today	12-9-05
National Literacy Mission	Yojana	Sep,05
NCERT revises national Curriculum Frame work 2005;draft unveiled	Hindu	4-9-05

7. Environment

En1873	Disaster management JB D Souza	E.P.W	Sep,05
En1874	Environment policy under wraps P Sekhsaria& A Kothari	Times of India	9-9-05
En1875	New approach to prevent water scarcity A Chella Durai	Kurukshetra	Sep,05

News

Disaster management policy likely by year end

8.Health

HE1876	Social health insurance redefined Indrani Gupta& M Trivedi	E.P.W	Sep,05

News

Health needs political commitment	Down To Earth	Sep,05
Manmohan for huge investment in health	The Hindu	26-9-05
Medical News	Woman's era	Sep,05
National Nutrition week	Deccan Chronicle	1-9-05
Study social detriments of diseases, says WHO	The Hindu	16-9-05

9.General

An act to access information	Times of India	26-9-05
India's national knowledge commission must address Dr DC Misra	Emp News	Sep,05
Lagging in learning	Science Reporter	Sep,05
PM remarks at the launch of the Knowledge commission	Emp News	Sep,05
Public library and rural development RP Bharadwaj	Kurukshetra	Sep,05
Rice does not need water	Down To Earth	Sep,05
Right to information eludes villagers	The Hindu	22-9-05
Role of NGO's and tribal Development in Nilgiris district	Kisan World	Sep,05
Seek any information form Oct 12	Times of India	22-9-05

Journal of Community Guidance & Research ISSN-0970-1346
2005 Vol. 22 No. 2 PP. 127-138

SOURCES OF STRESS AMONG ADOLESCENTS

Dr. V. Srikanth Reddy, V. Bala Koteswari, T. Tirumala Rao

Abstract

Adolescence is referred to as one of the important phases of lifespan where significant transitions take place and are critical in causing emotional disturbances. Keeping this in view an attempt has been made in this study to investigate the sources of stress that would disrupt the normal functioning of his / her life. A sample of 100 adolescent boys and girls was randomly drawn from various schools and junior colleges in and around Tirupati. The results of the study and its implications are highlighted in the light of their contexts.

Introduction

Stress is an interesting word. Most laypersons have no difficulty to say when they are under stress. In recent years the amount of research on physiological, psychological consequences of environmental stimuli perceived to be stressful have increased but, research on the problems of children in the school age and adolescent period has been modest. There are no comparable studies of children in which the effects of different types of stress are contrasted systematically.

One of the areas that have been widely studied as a causative factor of stress in children is hospitalization. Distress is smarter in those aged between 6 months and 4 years. (Illingworth and Holt, 1955, Prugh and Associates, 1953, Schaffer and Callender, 1959). The second issue which was also researched as a potential source of stress in children is 'Birth of a Sibling' Dunn and Kendrick (1980) found that following the birth of the second child mothers tend to engage in less playful interaction with the first child and also evidence more prohibitions, confrontations and negative verbal interactions. Bharati V.V. and Prasoona (2001) studied the effect of family environmental variables as

❑ *Dr. V. Srikanth Reddy, V. Bala Koteswari & T. Tirumala Rao are with the Department of Psychology, Sri Venkateshwara University, Tirupathi, Andhra Pradesh.*

well as demographic variables such as age and gender on sibling relationships. The third childhood stress considered was parental divorce. But recent research had shown that a long-term conflict ridden intact family is more deleterious than a stable home situation in which parents are divorced (Hetherington, 1980). According to Praveen Kumar Jha (2003) parents' attachment to their young children determines the level of interpersonal relationship when they become adolescents in their later life. Cynthia and Paula (1998) studied contextual frameworks to explore both direct and indirect pathways between marital conflict and adolescent adjustment.

Apart from these three, annoying and unpleasant events are often said to be stressful, even though they do not involve fear. Edward and Mauseen (1999) studied the stress frequency and unpleasantness in students by using Hassles Assessment Scale. Regrettably we know little about the effect of such unwanted stimuli. Most of the researches discussed so far have applied to major life events or circumstances of some kind. According to Seija, David and Michael (1998), Kevin, Linda, Sheree and Alina (1999), Martha, Laura, Ebert and Rand (1999) behavior dependent stressful life events and overtime stressful life events cause chronic illness in adolescents.

Academic stress has emerged as a significant mental health problem in adolescents in recent years. Anxiety about examinations and competitiveness in school cause stress and tension in students. Consequently, they feel worried and frustrated (Bhattacharji, 1989). Harris (1972) noticed a significant correlation between stressful life events and the academic performance of college students. High levels of stress have led to relatively poor grades. Srinivas' (1999) study revealed that students experienced academic stress more in the areas of inadequate study facilities and fear of failure than in other areas i.e. teacher- pupil relationship, interpersonal difficulties, and personal inadequacy.

Various behavioral problems are caused in adolescents due to environment, family, society, peers, and education that gradually become severe and become chronic stressors. Behavioral and emotional problems in adolescents were studied by Steinhause, Metzke and Kannenberg (1997), Saritha and Singh (1998), Larsson and Frisk (1999), Fitzpatrick and Deehan (1999), Slobodskaya (1999), Tyagi and Kaur (2001). Family, environment, health and adjustment in adolescents were studied by Christopher, Kanka, Gajendra and Floyd et al, (1999), Flinn and Mark (1999). According to Adela and Noreen (1999),

2

Veena and Gaonkar (2003) social climate influences adolescents' adjustment.

Recent studies reveal that physical disorders could develop though stress induced arousal of Autonomic Nervous System, which will lead to various physical disorders. Mc Grath and Patrick 91999) revealed that stress initiates headaches in adolescents, which is a significant problem. Asthma is caused as a result of stress (Vila, Nollet, Blic, Mourensimeoni and Scheinman, 1998). Harmonal Stress response in adolescents was studied by Mc Ewen and Bruce (1999). Psychological disorders are also caused in adolescents because of stresses like frustration (Anand, Mishra and Rajkumari, 2001), and depression (Gasquet, Ledoux, Choquet, 1997, Wesley, Hawkins, Chris, and Susan, 1998, Donnell and Michael, 1999), Patrick and Melanie, 1999). Adolescent storm and stress was studied by Arnett and Jensen (1999). Bruce and Thomsen (1999) proposed that the Recurrent Abdominal Pain (RAP), and problems of GIS are fundamentally a problem of exposure to psychological stress in adolescents. Smith, Susanne, Hertz, Womack and Marsigan (2003) made comparative study of Anxiety, Depression, Functional Disability and Illness Attribution in adolescents with chronic fatigue or Migraine. Saraladevi and Devraj (2001) studied the influence of examination stress on cholesterol levels of X, XII, M. Sc, and vocational group students, which revealed a positive relation.

The present study had the following objectives.

- To identify the various potential sources of stress in adolescents.
- To observe whether these sources of stress vary with the gender of the adolescents.

The following hypotheses are made:

- Adolescents face more social and psychological problems.
- Boys face more stress than girls during adolescence.

To test these hypotheses a study was conducted to find out the sources of stress and the influence of gender on stress experience.

Sample and Method

Adolescents (boys and girls) were randomly selected from various schools and junior (Intermediate) colleges of Tirupati and its adjacent towns. The sample comprised 50 boys and 50 girls. These boys and girls were met individually and were explained about the relevance of the study and were asked to give their frank opinions about the problems they faced. Mooney's Problems Checklist was administered to identify the problems faced by the adolescents. Using the manual, the data was scored. 't' test was used

to identify whether there is any relationship between gender and sources of stress.

Discussion

Sources of Stress in Boys

According to Table-1, the mean stress score in Social and Psychological Relations is 9.27, followed by Financial Conditions (9.2) and Health and Physical Development (9). These three problems have more potential to produce stress in adolescent boys. This may be because adolescence is an age where these adolescent boys have to develop new social relationships and play a different social role in the society and thus the individual psychological behavior gets affected. Thus this may be the chief reason why the adolescent boys face more stress than other areas. Bhattacharya, Mukhopadhyay (2002) studied the nature of social life adjustment pattern and moral behavior of students of secondary and higher secondary schools.

Financial Conditions also was a major source of stress (9.2). Adolescents have some extra financial commitments. Sometimes they yield to the peer pressure, which results in extravagant behavior and dependence on parents. This stress is the result of dependence on the parents and demands of the peer acceptance (Clare and Mark, 1998).

The third important potential source of stress is Health and Physical Development (9).

Table-1: Factor-wise Mean Stress Scores of Adolescent Boys

S.No.	Factor	Boys Mean Value
1.	Health and Physical Development	9.075
2.	Financial Conditions	9.2
3.	Social and Recreational Activities	8.975
4.	Social and Psychological Relations	9.275
5.	Personal Psychological Relations	7.775
6.	Courtship, Sex and Marriage	7.925
7.	Home and Family	7.7
8.	Morals and Religion	7.75
9.	Adjustment to College/School	8.7
10.	The Future: Vocational Education	7.325
11.	Curriculum and Teaching Procedures	7.575
	Total	91.675

4

Adolescence is a period of change and awkwardness. It results in variations in physical changes and many adolescents experience Body-Cathexis or satisfaction with their bodies. However sometimes they do experience more dissatisfaction with some parts of their bodies than with other parts. This failure to experience Body-Cathexis is one of the causes of unfavorable self-concept, which may be a potential source of stress. Margaret, Davido, Phillips and Michael (1998) revealed that potential stressors during adolescence include physical characteristics, peer acceptance and familial expectations. Pubertal timing and stressful experiences have previously been identified as affecting academic achievement. Social and Recreational Activities (8.9) ranked next only to Social and Psychological Relations, Financial Conditions and Health and Physical Development. To achieve the goal of adult pattern of socialization the adolescents must make new adjustments and in many respects, they are most difficult due to increased influence of peer group, new social groupings, new values in friendship selection, and new values in social acceptance and rejection. Apart from these, as the adolescent progresses there is a breaking away from recreations that require much expenditure of energy and the development of preference for recreations in which an adolescent is a passive spectator.

The next important source of stress is Adjustment to College / School (8.7). Their vocational interests generally influence the attitude of adolescents towards education. If they are aspiring for occupations, which require education beyond high school, they regard education as a stepping-stone. But, there are three types of adolescents, who have little interest in education and who usually, dislike school. They are, first, adolescents whose parents have unrealistically high aspirations with regard to their academic achievement (Mischel, 1974). The second type is those who find little acceptance among their classmates; as a result they feel they are missing out their age mates (Bernard, 1976); and third, those who mature early and feel conspicuously large among their classmates; they are expected do better academic work than they are capable of (Elder, 1972). Thus adolescents who have little interest in education may become: underachievers, working below their capacities; truants who withdraw before legal age of leaving; still others become dropouts; and those children who leave the school regardless of whether they have finished the present grade.

Courtship, Sex and Marriage (7.9), Personal Psychological

5

Relations (7.7), Home and Family (7.7), Morals and Religion (7.7), Curriculum and Teaching Procedures (7.5), and Future and Vocational Education (7.3) are the other important potential sources of stress in adolescent boys. One of the most important developmental tasks of adolescents is forming a new and mature relationship with members of the opposite sex and playing an approved role for their own sex. Thus they have to develop new attitudes towards members of opposite sex. This begins when sexual maturation is complete and is accompanied by a strong desire to win the approval of members of the opposite sex. Gradually this desire conflicts with the desire that dominated the childhood - the desire to win the approval and acceptance of members of same sex. Thus it may cause stress in adolescents (Paul, Wilma and Peter, 1998).

Personal Psychological Relations (7.7), Morals and Religions (7.7) and Home and Family (7.7) are interrelated in the sense that personal interests such as interest in appearance, interest in clothes, interest in achievement, interest in independence and interest in money in adolescents have the impact of the family conditions. If the family and religion are supportive, adolescents face less stress and if they are not supportive they face more stress (Chang and Catherine, 1998).

The Curriculum and Teaching Procedures (7.5) and the Future and Vocational Education (7.3) are interrelated because vocational interests influence education. Our vocational interests influence our attitudes towards teachers, academic and disciplinary policies.

Sources of Stress in Girls

As seen from Table-2, Social Recreational Activities (6.35) is the major source of stress for the adolescent girls. This may be because social interest depends partly on what opportunities adolescents have to develop such interests and partly on how popular they are with the members of the peer group. An adolescent girl whose family socioeconomic status is low will have fewer opportunities to participate in social functions. Similarly an adolescent who is unpopular will have a limited repertoire of social interest. Some of the common social interests of adolescents are partying - interest in parties with members of opposite sex manifest itself at about age of 13 or 14.

Adjustment to College/School (4.9) and Personal and Psychological Relations (4.9) are the second important source of stress among adolescent girls. Priscilla and Karunanidhi (1998), De Mello and Toni Imms (1999) studies reveal that females have more positive attitude towards school. Interest in themselves is a

strongest interest young adolescent girls have. This may be because they realize that their social acceptance is markedly influenced by their general appearance and partly because they know that the social group judges them in terms of their material possessions, independence, school and social affiliations as well as the amount they spend. Adjustment to college/school depends upon the vocational interests of adolescents. Girls as a rule are comfortable in occupation, which usually stress service to others, such as teaching or nursing. But, of late, their approach has changed. These days' girls are more dynamic and demanding in whatever they do. Thus this dynamic nature of girls creates some problems for them in educational setup because environment in the college/school is not up to their expectations. Thus they have certain problems in adjusting to college/school, which may cause stress in them.

The third potential source of stress is Courtship, Sex and Marriage (4.6). This may be because the growing interest in sex, makes adolescent girls seek more and more information about it. Consequently they take advantage of whatever sources of information are available to them. By the end of adolescence most boys and girls have enough information about sex to satisfy their curiosity. Various studies such as Sorenson (1973) and Spanieer (1976) etc. indicate that girls are especially curious about birth control, the pill,

Table -2 Factor-wise Mean Stress Scores of the Adolescent Girls

S.No.	Factor	Girls Mean Value
1.	Health and Physical Development	4.05
2.	Financial Conditions	4.275
3.	Social and Recreational Activities	6.35
4.	Social and Psychological Relations	3.4
5.	Personal Psychological Relations	4.975
6.	Courtship, Sex and Marriage	4.6
7.	Home and Family	4.25
8.	Morals and Religion	3.3
9.	Adjustment to College/School	4.9
10.	The Future: Vocational Education	4.175
11.	Curriculum and Teaching Procedures	2.425
	Total	46.225

7

abortion and pregnancy.

The fourth important factor, which stands as a source of stress, is Financial Conditions (4.27) followed by Home and Family (4.25), Future and Vocational Education (4.17) and Health and Physical Development (4.05). In India girls are still taken care of by the family. Sexual behavior is condoned by the parents of today. This is because of the generation gap between the adolescent girls and their parents. Daniel (1998) revealed that there are discrepancies in perceptions of family functioning between adolescents and parents with regard to life satisfaction, self-esteem, purpose of life, and general psychiatric morbidity. This gap is partly a result of radical changes in values and standards of behavior that normally occur in any radically changing culture and partly as a result of the fact that the younger people have greater educational, social and cultural opportunities than most of their parents had when they were adolescents. Chang and Catherine (1998) revealed that non-supportive family creates more stress than supportive family. This may be also the reason for the children to feel uncomfortable when their parents try to decide the future and vocational education, which the adolescent girls feel is obsolete.

Health and Physical Development (4.05) has not been a great source of stress in adolescent girls. This may be because at puberty, actual illness is less common when compared to childhood.

Social and Psychological Relations (3.4), Morals and Religion (3.3), Curriculum and Teaching Procedures (2.42) have not been a major source of stress. This may be because girls in India are still high in their moral and religious interests.

Gender Difference in Sources of Stress

When we look into the mean stress scores of adolescent boys, it is 9.2 in Social and Psychological Relations, 9.2 in Financial Conditions and 9 in Health and Physical Development. When we see the mean stress scores of the adolescent girls in the above areas it is 3.4, 4.2 and 4.05 respectively. In all these areas there are gender differences as the 't' values are significant at 0.05 level.

When we look into other areas such as Social and Recreational Activities, Adjustment to College/School, the mean stress scores of boys is 8.9, 8.7 respectively, whereas, in the case of girls the mean stress scores are 6.3 and 4.9 respectively. The gender differences are significant. When we compare the mean stress scores of boys in Courtship, Sex and Marriage (7.9), Personal Psychological Relations (7.7),

Table-3: Factor-wise Significance of the 't' values of Adolescent Boys and Girls

S.No.	Factor	't' Value
1.	Health and Physical Development	* 20.1
2.	Financial Conditions	* 21.5
3.	Social and Recreational Activities	* 10.41
4.	Social and Psychological Relations	* 26.58
5.	Personal Psychological Relations	* 12.96
6.	Courtship, Sex and Marriage	* 15.91
7.	Home and Family	* 21.61
8.	Morals and Religion	* 22.93
9.	Adjustment to College/School	* 17.04
10.	The Future: Vocational Education	* 15.44
11.	Curriculum and Teaching Procedures	* 26.82
	Total	* 18.08

* Indicates significance of the 't' value at 0.05 level.

Morals and Religion (7.75), Home and Family (7.7) with those of girls, which are 4.6, 4.9, 3.3, and 4.2 respectively, it indicates clear significance of 't' value at 0.05 level. In the areas of Curriculum and Teaching Procedures and the Future Vocational Education, boys mean stress scores are 7.5, 7.3 respectively, whereas for girls the mean stress scores are 2.4 and 4.17 respectively. When significance is tested for both the genders the 't' value is significant at 0.05 level.

The reason for this general gender difference in adolescence reaction to stress events are: parents are less supportive of boys in their attempts to cope with the changing life circumstances or are more likely to respond negatively to their distressed reaction (Elder, 1979, Hetherington, 1980): the patterns of interaction are affected by temperamental differences associated with sex (Eme, 1979): the salience of the stress events may sometimes be greater for boys (Block, Block and Morrison, 1981): there may be biologically determined increased male vulnerability to physical hazards (Rutter, 1970).

Implications of the Study

The findings of the investigation can be broadly summarized as follows:

– Boys scored high in the areas of Health and Psychological Development, Financial

Conditions and Social and Psychological Relations.

- Girls comparatively scored high in the areas of Social and Recreational Activities followed by Personal Psychological Relations and Adjustment to College/School.
- Gender differences are seen in the stress experience.

The above are the chief findings of the study. What do these findings imply? Though stress has originated from different sources, the more frequent of them pertaining to both genders is Social and Recreational Activities. The boys have experienced more stress when compared to girls. Thus there is a need for Stress Management Training, which deals with reduction of both physical and psychological stress. Though the results have pointed out the relationship between sex and sources of stress, it is not at all certain whether the explanation for the sex differences will be the same or different for different types of stressors. Sex difference may not be the same for immediate and enduring effects. So, more detailed analysis of possible stress producing situations needs to be carried out, because, studies on stress in adolescence, in the Indian setting lack broad-based and in-depth analytic studies, The present study can be regarded as an indicator for more studies in this area.

Conclusions

The following conclusions were drawn.

- Social and Psychological Relations, Financial Conditions and Health and Physical Development are the chief sources of stress in adolescent boys.
- Social, Recreational Activities are also stressful for adolescent girls.
- Social and Recreational Activities and Adjustment to College/School are also ranked second as a potential source of stress in adolescent boys.
- Adolescent girls have generally experienced less stress in all areas when compared to adolescent boys.

References

1. **Adela and Noreen.** *The Moderator - Mediator Role of Social Support in Early Adolescents.* Western Journal of Nursing Research. 1999, 21 (5), 685-698.
2. **Anand, Mishra and Rajkumari.** *Frustration Reactions of Adolescent Players.* Pscyho-Lingua, 2001, 31(2), 81-84.
3. **Arnett, Jeffrey Jensen.** *Adolescent Storm and Stress, reconsidered* American Psychologist, 1999, 54(5). 317-326.
4. **Bharati, V.V., and Prasoona. N. Sibling** *Relationship during Early Adolescent period. A Study of Family Social Distance.* Journal of Community Guidance and Research, 2001, 18(3), 351-358.
5. **Bhattacharji.** *Academic stress and attitudes of elementary school children towards homework. 1989,* Unpublished Masters thesis by J. Krishna Kumari, S.V. University, Tirupati, P.10, 1994.

6. **Bhattacharya and Mukhopadhyaya.** *Social life adjustment pattern and Moral behavior.* Behavioral Scientist, 2002, 3(2), 117-120.

7. **Bruce and Thomsen.** *Coping and responses to stress among children with Recurrent Abdominal Pain.* Journal of Developmental and Behavioral Pediatrics, 1999, 20(5), 323-324.

8. **ChanWesley, Hawkins, Chris and Susan,** *Relationship of perceived future opportunity to depressive symptomatology of inner city Aftricans-American Adolescents. Children and Youth Services Review, 1998, 20, 757-764.g and Catherine. Adolescent Parent relations in Hong Kong: Parenting Styles, Emotional Autonomy and School Achievement.* Journal of Genetic Psychology, 1998, 159(4), 421-436.

9. **Christopher, Kanka, Gajendra and Floyd** *et al. Adjustment, Stress and Family life in adolescents in Canada. Britan, Hongkong, India, Pakistan and Philippines.* International Journal of Adolescents and Youth, 1999, 7(4), 263-278.

10. **Clare and Mark.** *The Relationship Between perception of Financial Distress and Feelings of Psychological well - being in New Zealand University Students.* International Journal of Adolescence and Youth. 1998, 7 (3), 193-209.

11. **Cyanthia. M and Paula.M.** *Adolescent Adjustment to perceived Marital Conflict.* Journal of Child and Family Studies. 1998, 7(4), 499-513.

12. **De Mello and Toni Imms.** *Self-esteem, Locus of control and Coping Style and their relationship to School Attitudes of Adolescents.* Psychological Studies, 1999, 44 (1&2).

13. **Donnell, Michael.** *Factors associated with depressed mood among Adolescents in Northern Ireland.* Journal of Community and Applied Social Psychology. 1999, 9 (1), 47-59.

14. **Dunn, J. and Kendrick, C., and Mac Namee, R.** *The Reaction of First Born Children to the birth of a Sibling: Mother's Reports.* Journal of Child Psychology and Psychiatry, 1981, 22, 1-18.

15. **Edward and Mauseen.** *The Hassles Assessment Scale for students in college.* Journal of American College Health, 1999, 48(2), 75-83.

16. **Elder, G.H.** *Historial Change in Life Patterns and Personality. In P.B. Baltes. and O.G. Brin (Eds.).* Life Span Development and Behavior, (Vol.2). New York and London: Academic Press, 1979.

17. **Fitzpatrick and Deehan.** *Competencies and problems of Irish Children and Adolescents.* European Child and Adolescent Psychiatry. 1999, 8(1), 17-23.

18. **Flinn and Mark.** *Family Environment, Stress and Health during Childhoo. Hormones,* Health and Behavior. 1999, 105-138.

19. **Gasquet, Ledoux and Choquet.** *Psychosocial factors associated with help seeking behavior among depressive adolescents.* European Child and Adolescent psychiatry. 1997, 6(3), 151-159.

20. **Harris, H.W.** *The relationship of the life changes to academic performance among selected college freshman varying levels of college readingness. 1972,* Unpublished doctoral dissertation, Texas State University, Texas.

21. **Hetherington, E.M.** *Children and Divorce. In R.Henderson (Ed.),* Parent - Child Interaction: Theory, Research and Prospect, New York: Academic Press, 1980.

22. **Illingworth and Holt, K.S.** *Children in Hospital: some observations on their reactions with special reference to daily visiting.* Lancet, 1955, ii, 1257-1262.

23. **Kevin, Linda, Sheree and Alina** *et al. Life experiences among urban adolescents.* Child Development, 1999.70(4). 1017-1029.

24. **Larsson and Frisk.** *Social Competence and Emotional / Behavioral Problems in 6-16 years old Swedish School Children.* European Child and Adolescent Psychiatry. 1999, 8(1), 24-33.

25. **Margaret, Davido, Philips and Michael.** *The influence of physical maturation and hassles on African-American adolescents learning behavior.* Journal of Comparative Family Studies, 1998, 29(1), 189-200.

26. **Martha, Laura, Ebert and Rand.** *First Onset of depressive or anxiety disorder predicted by the longitudinal course of Internalizing symptoms and parent-Adolescent disagreements.* Archives of General Psychiatry. 1999, 56(8), 726-732.

27. **Mc. Ewen, Bruce.** *Development of cerebral Cortex: XIII Stress and Brain Development.* Journal of American Academy of Child and Adolescent Psychiatry, 1999, 38(1), 101-103.

28. **Mc. Grath, Patrick.J.** *Commentary: Headaches in Adolescents are a significant Problem.* Journal of Pediatric Psychology. 1999.24(1), 25-27.

29. **Mischel, H.N.** *Sex Bias in the evolution of professional achievement.* Journal of Education Psychology, 1974, 66, 157-166.

30. **Patrick and Melanie.** *Depression in Pediatric Chronic Illness: A Diathesis Stress model,* Psychosomatics, 1999, 40(1), 5-17.

31. **Paul, Wilma and Peter.** *Sexual assault of males in late adolescent.* Professional School Couselling, 1998, 2(2), 153-160.

32. **Praveen Kumar Jha.** *Parents Attachment to their young children determines the level of Interpersonal Relationship when they become Adolescents in their later life.* Journal of Community Guidance and Research. 2003, 20(1), 65-72.

33. **Priscilla and Karunanidhi.** *Influence of Self-esteem, Locus of Causality and Adjustment on Behavioral Problems of Adolescent Girls.* Journal of Psychological Research, 1998, 42(3), 146-150.

34. **Prugh, D.G., Staub, E.M., Sands, H.H., Krishbaun, R.N., and Leuihan, E.A.** *A Study of The Emotional Reactions of Children and Family to hospitalization and illness.* American Journal of Orthropsychiatry, 1953, 23, 70-106.

35. **Saraladevi and Devraj.** *The Influence of Examinations Stress on Cholesterol levels of X, XII, MSc and Vocational group students.* Journal of Psychological Researches, 2001 45 (1), 5-8.

36. **Sarita and Singh.** *Perceived causes of Behavioural problems among Indian Adolescents.* Psycho-Lingua, 1998, 28(2), 151-158.

37. **Schaffer, H.R., and Callender, W.M.** *Psychological Effects of Hospitalization in Infancy.* Pediatrics, 1959, 24, 528-539.

38. **Seija, David and Michael.** *Independence of Childhood Events and Chronic adversities.* Journal of American Academy of Child and Adolescent Psychiatry. 1998. 37(7), 728-735.

39. **Slobodskaya. H.R.** *Competence, Emotional and Behavioral Problems in Russaian Adolescents.* European Child and Adolescent Psychiatry. 1999, 8(3), 173-180.

40. **Smith, Susanne, Hertz, Womack and Marsigan.** *Comparative study of Anxiety, Depression, Somatization, Functional Disability and Illness Attribution in Adolescents with Chronic Fatigue or Migraine,* Pediatrics. 2003, III (4), 376-381.

41. **Sorenson, R.C.** *Adolescent and Sexuality in Contemporary America. New York:* World Book, 1973.

42. **Spanier, G.B.** *Perceived Sex Knowledge, exposure to eroticism, and premarital sexual behavior: The impact of datinf.* Sociological Quarterly, 1976, 17 247-261.

43. **Srinivas.P.B.** *Academic stress, Adjustment Styles and Academic success among the students. 1999,* Unpublished Masters thesis, S.V. University, Tirupati.

44. **Steinhausen, Metzke and Kannenbert.** *Behavioral and Emotional Problems Reported by Parents for ages 6-17 in a Swiss Epidemiological Study.* European Child and Adolescent Psychiatry. 1997, 6(3), 136-141.

45. **Tyagi. P and Kaur. P.** *Perceptions of Behavioral and Other Personality Problems of Adolescents.* Indian Psychological Review. 2001, 56(2), 91-96.

46. **Veena and Gaonkar.** *Influence of Social Climate on Adolescent's Adjustment.* Journal of Community Guidance and Research. 2003, 20(3), 223-230.

47. **Vila, Nollet, Blic,** *Mourensimeoni and Scheinmann. Asthama Severity and Psychopathology in a tertiary case department for Child and Adolescent.* European Child and Adolescent Psychiatry, Vol.7 (3), 1998, 137-144.

48. **Wesley, Hawkins, Chris and Susan,** *Relationship of perceived future opportunity to depressive symptomatology of inner city Aftricans-American Adolescents.* Children and Youth Services Review, 1998, 20, 757-764.

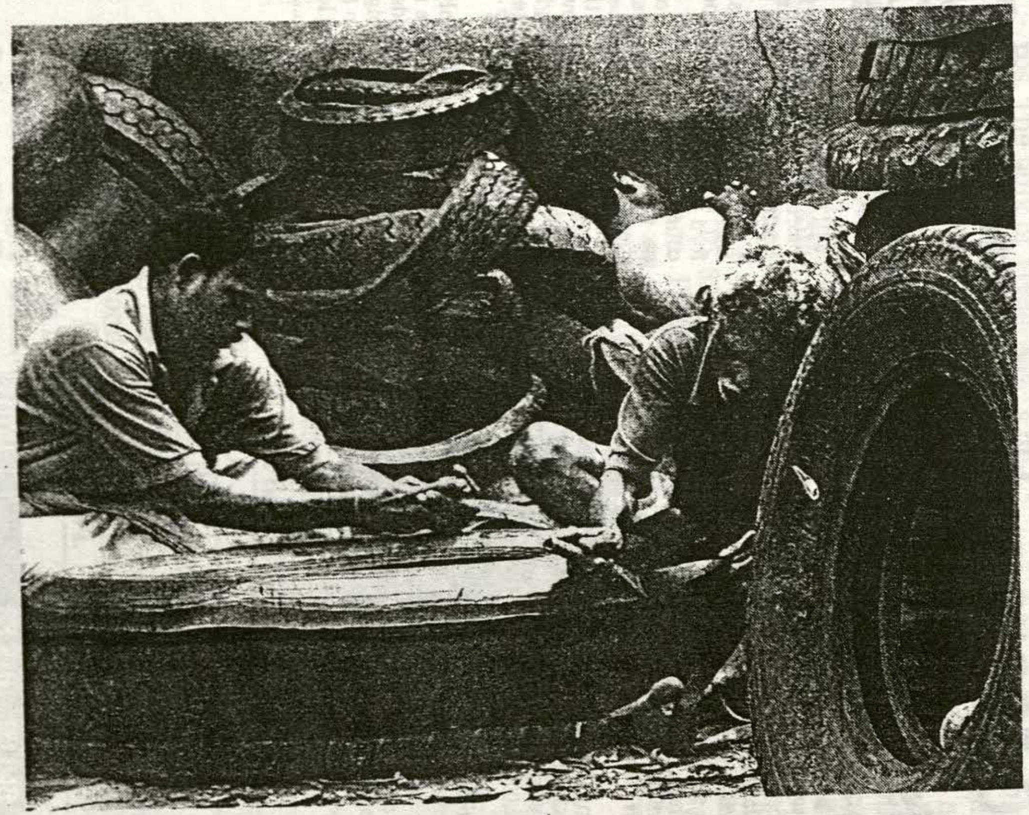
❖ ❖ ❖

Slum dwellers show the way

27 SEP 2005 THE HINDU

They are an enterprising lot in Jagjeevan Ram Nagar

- Slum dwellers move court and by paying Rs. 40 per square feet claimed the land on which they work
- They gathered money to get loans and constructed pucca houses
- Many of them are engaged in tyre business
- They send their children to school



LEARNING TO LIVE: *Slum-dwellers of Jagjeevan Ram Nagar near Mir Alam Mandi at Charminar, Hyderabad, eke out livelihood by working on tyres.* – PHOTO: D. GOPALAKRISHNAN

Tarangini Sriraman

HYDERABAD: Slum-dwellers have no identity other than being land grabbers. As such, many of them survive under the daily threat of eviction. Slum-dwellers in Jagjeevan Ram Nagar in Mir Alam Mandi in Charminar area have set themselves apart.

Residents here have not only fought to claim the land in which they work, but they also constructed houses, using loans that they collected. People here work on tyres, cutting up those that are thrown away to make chappals, belts, catapults, etc.

Slum dwellers here fought the case in court, paying Rs. 40 per square feet to claim the land in Jagjeevan Ram Nagar.

"This was our first step, we later made savings of Rs. 30 per month in the year 1997, this way gathering enough money to get loans for construction of pucca houses," said Venkatamma, a resident here.

Sajida Begum who works with Care of Widows (CoW), co-ordinates health programmes for women here under India Population Project 8 (a project of collaboration between India and the World Bank in the health sector).

Creating awareness

Link volunteers have aided Ms. Begum, who now works with COVA, in advising women and men in this slum about family planning, sanitation and polio administration. These volunteers are from the 'basti' and each of them has undertaken the responsibility to educate 20 families.

The residents were dissatisfied with mere health programme. Therefore, with the help of the women here, Care of Widows had set up a play school for children.

Meanwhile, Mahita, another organisation held tuition classes with UNICEF aid for older children for two hours every day, says Ms. Begum who is also associated with Mahita.

Though the play school and tuition classes are no longer run, K. Anita, who is a member of the motivational centre, says "An attitudinal change is achieved after we wound up the classes. Parents who were unwilling to let their children stray away from their sight, now at least let them go to a nearby school free of cost."

Loans for applicants

Women here also applied for loans in August this year so that they, along with their husbands, can keep their tyre business going. "The Collector's has office promised loans for ten applicants out of 20. We are still waiting for the money," said Bhagyamma, another resident.

Slumdevelopment

Cities to teem with slums by 2030

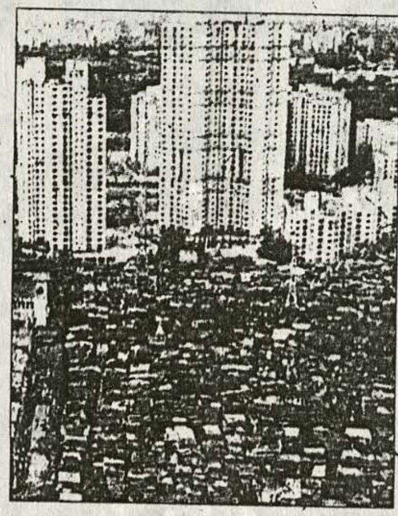
THE TIMES OF INDIA Mumbai 14 5 2005

To Avert Crisis, Build 4,000 Homes Per Hour: UN Report

United Nations: Governments must act aggressively to house two billion more people who will be living in cities in 25 years, according to estimates in a United Nations report. Such an increase will stretch cities past their limits, straining water, sanitation and other infrastructure services and forcing many to live in slums, the UN Habitat report said.

To deal with the coming influx, the report said, 96,000 housing units must be built every day between now and 2030, amounting to 4,000 new units every hour.

Anna Tibaijuka, UN Habitat's executive director, on Monday said that without governments and others investing resources to solve the problem, "this additional population



will be trapped in urban poverty, deplorable housing conditions, poor health and low activity".

Part of the problem, she said, is that incomes are often too low to afford good housing. In developed countries, homes can be as much as six times the average yearly salary, the report said, while the poor can face prices as high as 12 times their average annual salary. Governments could help by encouraging small loans, opening mortgage markets and reducing building material costs, she said.

Most urban poor can only build in stages, as money becomes available. So the report recommends that banks give loans of one to eight years, in amounts of US $500 to $5,000 instead of bigger, long-term loans.

14

More out-of-towners than out-of-staters

29/9/05 T.I

Times Insight Group

New Delhi/Hyderabad: The IT revolution may have made Hyderabad an attractive destination for investors, but the city still remains a much weaker magnet for migrants from outside the state than any of the other Indian metros. The bulk of Hyderabad's migrant population comes from within Andhra Pradesh.

The city with a population of 5.74 million received just under half a million migrants in the decade 1991-2001, constituting 8.7% of the total population, according to census figures just released. Of these half a million people, close to 82% were from within Andhra Pradesh itself, whereas only 88,216 people migrated from the rest of the country. Even historically, of the 1.44 million total migrants in the city, 1.21 million have migrated from Andhra Pradesh.

But, over 61% of the migrants from other states have come from urban areas which has increased slightly to 63% in the last five years, perhaps the highest for any urban agglomeration.

Interestingly, no particular state has dominated the migrant inflow in Hyderabad as in the other bigger cities. Prior to 1991, Karnataka accounted for a quarter of all migrants from outside Andhra, but its share dropped to 20.3% in the decade 1991-2001. Next in the list are Maharashtra and Tamil Nadu, which accounted for 13.7% and 12.1% respectively of those who moved in the last decade.

Uttar Pradesh also had a higher influx than Kerala for the first time in the same period. But the most notable increase has been in migrants from Orissa and Bihar. Orissa's share in the migrant population from outside AP increased to 6.1% in the decade '91-01 from just 2.1% prior to 1991.

The sex ratio of immigrants to the city was male dominated with 773 females per 1,000 males over the last decade. Kerala was the only one among the major states with a favourable sex ratio (1,077). On the other hand, Bihar (479) and Orissa (482) had the lowest sex ratios, a pattern which is consistent for the two states across the country. The 'others' category at 36.4% was the response that found most favour among migrants when asked to cite the reason for their migration. 'Work-/employment' and 'moving with households' were cited by 25% and 21.6% people respectively while only about 10% people migrated due to marriage.

Destination Hyderabad

Migrants from other states

STATE	1991-2000	PRE-1991	TOTAL*
KARNATAKA	17,935	22,585	52,584
MAHARSHTRA	12,078	15,251	35,604
TAMIL NADU	10,681	12,510	29,912
UTTAR PRADESH	6,136	5,018	14,437
KERALA	5,617	7,371	17,097
RAJASTHAN	5,594	6,692	15,551
ORISSA	5,368	1,871	8,818
BIHAR	5,161	3,285	10,905
WEST BENGAL	4,879	3,340	10,217
DELHI	3,281	2,339	6,825
TOTAL	88,216	90,048	230,631

*Pre-'91 and post-'91 figures do not add up to total because some migrants may not have stated when they migrated

2116.42 (-5.04)
156.21 (+12.58)

BULLION Gold /10gm: Delhi: Rs 6530 Mumbai: Rs 6650 Hyd: Rs 6640
Silver /1kg: Delhi: Rs 10880 Mumbai: Rs 10930 Hyd: Rs 10900

China must ease one-child rule

16|9|05 DC

SPOTLIGHT

By ALEXA OLESEN

Beijing, Sept. 15: The Chinese, like people everywhere, gripe about weather, traffic, and other day-to-day irritants, but also they have a constant lament all their own: "ren tai duo" — too many people.

Twenty-five years after China launched its ambitious and controversial policy limiting most families to only one child in hopes of alleviating the eternal problem of too many people on too little land, critics are urging Beijing to give it up. A report being published on Wednesday in the *New England* journal of medicine argues that China — now more open and prosperous than it was in the late 1970s — should relax the so-called one-child policy.

"With the freedoms that have resulted from wealth and globalisation, the one-child policy seems increasingly anachronistic," it says. "A relaxation of the one-child policy would be desirable."

Critics say the policy has led to forced abortions, sterilisation's and a dangerously imbalanced sex ratio due to a traditional preference for male heirs, which has prompted countless families to abort female foetuses in hopes of getting boys.

Sick female infants also tend to receive inadequate medical treatment, says the report titled, "the effect of China's one-child family policy after 25 years." The Chinese government contends that the one-child policy has helped prevent 300 million births — about the size of the United States population — and aided China's recent, rapid economic development.

That progress makes the one-child policy out-of-date, the report says, citing surveys showing that growing affluence means many Chinese families, especially in big cities, now voluntarily opt for smaller families.

Hao Linna, an official with China's National Population and Family Planning Commission, said in an interview that the analysis in the report was "fine." But Ms Hao Linna said the Chinese government was not ready yet to make major changes in a policy it believes has worked well for almost three decades.

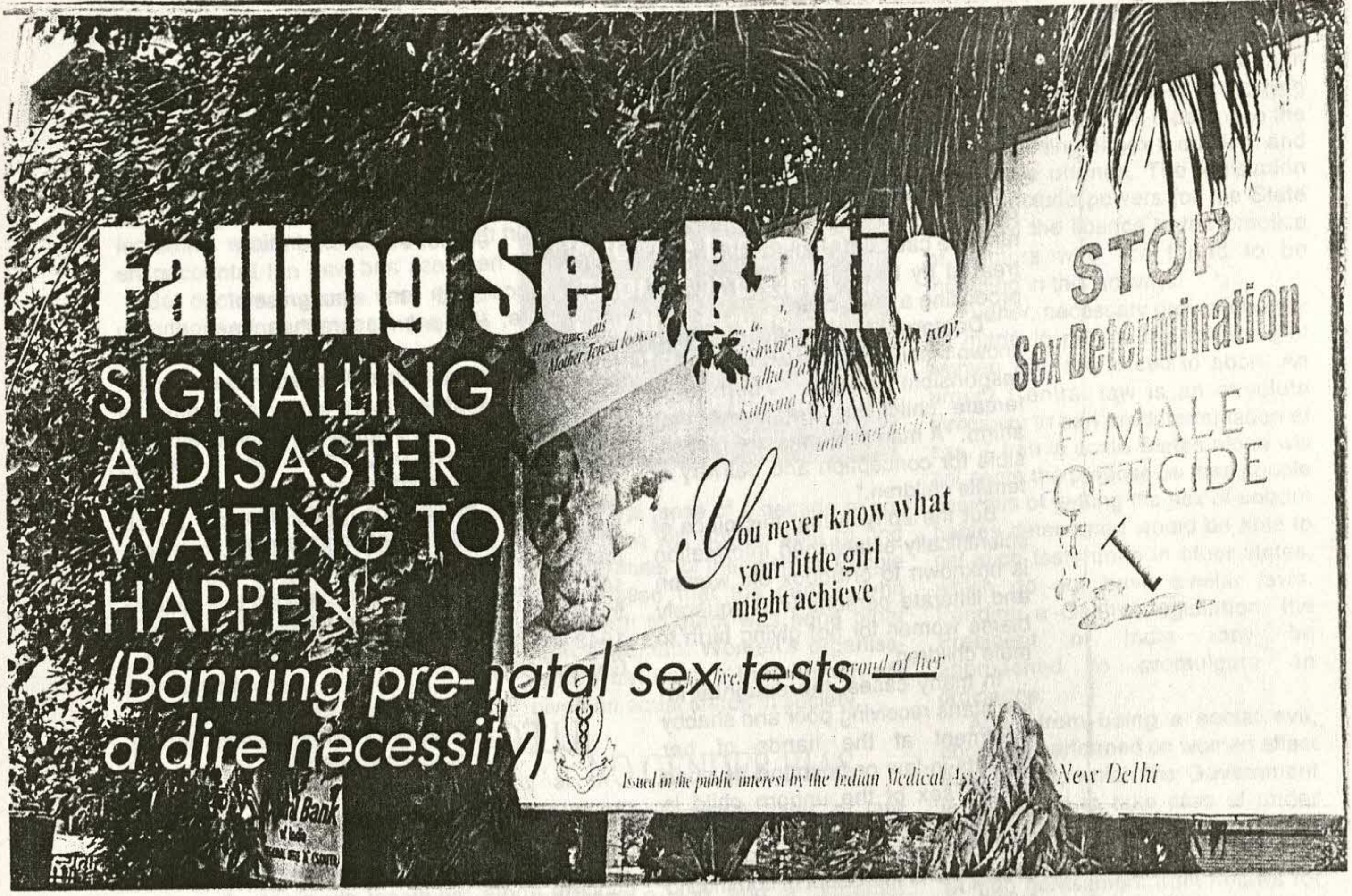
"I don't think (policy) is unchangeable, but as to when and how, we have to do some more research on it," Mr Hao said. China has already begun stressing economic incentives and education in hopes of getting families to voluntarily comply with limits. It also has relaxed limits for some couples. *(AP)*

16

Falling Sex Ratio

SIGNALLING A DISASTER WAITING TO HAPPEN

(Banning pre-natal sex tests — a dire necessity)



A disturbing fallout of Indian gender discrimination against females and the Medical Termination of Pregnancy Act is that female foetuses are being aborted, leading to a falling female-male sex ratio. By H. L. Kapoor

Recent studies conducted in Punjab and Haryana have shown a decline in the female birth rate. In Punjab, a dismal picture emerged when it was found that the ratio had fallen in respect of females — i.e. 45% as against the male ratio which was found to be about 55-60%. Serious concern was expressed by the Haryana administration too over a fall in the sex ratio in the state. Even the Prime Minister expressed anxiety over this a few months ago.

The preference of people for male children has culminated in the burgeoning practice of performing pre-natal sex tests. Before the enactment of the Medical Termination of Pregnancy (MTP) Act, such tests and abortions were being undertaken/performed in a clandestine manner by doctors who charged hefty amounts. However, the Act, which was enacted in all good faith, has changed all that.

Of late, the determination of the sex of the unborn child and, if it is found to be a female, the subsequent termination of pregnancy has assumed alarming proportions. The determination of sex through ultrasound imaging has acquired popularity even in middle-class families and among people belonging to the lower strata of society.

People prefer to shell out thousands of rupees now and prevent the birth of a female child rather than facing the music from an unenlightened family and society alike, after the birth of one.

Doctors and those running private clinics received a shot in the arm after the MTP Act came into force. Not only did they start aborting expectant mothers with impunity, but also blatantly misused amniocentesis tests to earn big money the easy way. In order to attract prospective clients, these unscrupulous doctors and their clinics took all possible steps to get publicity.

Prominently displayed banners, posters and hoardings came up at all important places in their cities, as also at their clinics. Even semi-urban areas were covered. This has been done, despite a ban on the use of ultrasound scanners now.

LAW OF EQUALITY

Under Article 14, the Constitution has guaranteed equality before the law. Equality before the law means that amongst equals the law should be equal and should be equally administered and that all should be treated alike.

17

In this purview, various women's organisations have been championing the cause of women who are ill-treated by husbands solely for not producing a male child.

"Doctors have made it widely known that it is not the woman who is responsible for giving birth to a female child but the man," they affirm. "A man's sperms are responsible for conception and delivery of female children."

But the irony is that this piece of scientifically-established information is unknown to orthodox old women and illiterate persons who squarely blame women for not giving birth to male children.

In many cases, the daughter-in-law starts receiving poor and shabby treatment at the hands of her parents-in-law or husband as soon as the sex of the unborn child is confirmed to be female. Unable to get rid of the female child, women have even gone to the extent of committing suicide. In some cases, the husband has even murdered his wife.

Quacks too did not lag behind in the business. After the sex of the unborn baby was determined by the parents-to-be, their anxiety to get rid of female foetuses assumed high proportions. Those living in semi-urban areas or poor localities were approached by quacks who claimed that they could abort pregnant women and that they were qualified to do so.

ABORTION BY QUACKS

Needless to say, most, if not all, quacks are unqualified to undertake abortions and do not have the skill or equipment to perform such risky operations. This has resulted in deaths, eminently avoidable, of expectant mothers in many cases.

Sometimes, abortions are necessary to save the lives of pregnant women. It is this provision that has been widely misused. The courts have held that the doctor who performs such operations must have the necessary equipment and the skill to do so. Where the doctors are not qualified, they endanger the very life of the patient and their conduct falls within the provisions of Section 336 IPC.

It has been held by the Bombay High Court that "where the operation itself was needless and was not in accordance with any recognised procedure, the act was rash and negligent."

A doctor is not criminally responsible for any injury suffered by a patient as a result of medical and surgical treatment but, where the operation is performed by an unqualified doctor having no skill, his negligence and incompetence passes beyond a matter of compensation, showing utter disregard for the life and safety of the individual (A 1943 PC 72 (75)' 44 Criminal Law General 569).

ILLEGAL PRACTICE

It is common knowledge that many quacks are running clinics all over the country. Even the Indian Medical Association has voiced its concern about the illegal abortions being performed by such quacks. Of course, it is often at the instance of expectant mothers, crazy for a male child. Many women thus die at the hands of quacks.

It is a widely recognised principle that a person will be guilty of negligence if he undertakes a task which he knows or ought to know he is not qualified to perform. It is the fundamental principle underlying the requirement that a person who undertakes a task requiring a special skill or knowledge must bring to the task the knowledge required. Such views have been expressed by the Rajasthan and Madras High Courts.

It is, therefore, imperative that the unlawful activities of quacks be checked and they are debarred from practising as surgeons and undertaking such delicate operations as carrying out abortions.

Realising that the pre-determination of sex, especially with the ulterior notice of eliminating female foetuses, was a slur on society and in order to put an end to it, the Punjab and Haryana Governments took the initiative and decided to ban pre-natal sex tests. The Bill to ban such tests was passed by the Punjab Vidhan Sabha a few years ago.

The Bill was reportedly sent by the Punjab Government to the Centre for the President's assent, but the efforts of the Punjab Government were thwarted by the Union Health Ministry on the grounds that a uniform legislation would be enacted for the entire country.

So doctors, quacks and other unauthorised persons continue to earn money and charge exorbitant rates for sex-determination followed by abortions. This has, in fact, become a money-churner for these people.

Haryana too had expressed the desire to promulgate a similar ordinance, but this met with the same fate. The governments of both Punjab and Haryana had sought to ban sex determination tests of unborn children, by making it a criminal offence.

Several women activists and women political leaders from across the country have been fighting for gender-equality and demanding equal status and rights for women. Something surely needs to be done to educate people.

They must be made to understand the consequences of everyone going in for male children only and the resultant effect of creating an imbalance in society.

Further, necessary provisions may be made to punish the relatives of women who are forced to abort. An urgent Central law is an absolute necessity to ban predetermination of sex.

After the lapse of a decade or so, young men will not be able to find suitable wives for themselves. People must realise that the person who gave birth to them was none other than a woman. Women's organisations must ensure that women are given an equal status in society.

NO GENDER BIAS

Educated people have, of late, realised that, in this day and age, there is hardly any difference between a son and a daughter. Women's organisations have to play a crucial role in educating orthodox women on this matter.

It is the crying need of the hour that the Centre brings about uniform legislation in this matter in the coming Lok Sabha session. It must make the predetermining of sex a criminal and cognisable offence. The legislation should include powers for the State to cancel the licence to the practice of doctors who are found to be indulging in this activity.

Further, necessary provisions may be made to punish the relatives of women who are forced to abort. An urgent Central law is an absolute necessity to ban predetermination of sex. A ban in some States alone will not serve the purpose as then people desirous of getting the sex of unborn babies determined would be able to get such tests done in other states, which do not have similar laws. Pending a Central legislation, the President of India may be approached to promulgate an ordinance.

Apart from being a social evil, abortions performed on women affect their health, which the Government is supposed to take care of under Article 47 of the Constitution. The law, once enacted, would spare women harassment from in-laws for not delivering a male child, besides saving the lives of women who may take recourse to the extreme step of ending their own lives. WE

The Unborn Daughter

I still cry for my unseen daughter. I am a doctor working in Coal India now. I started my career in Central Reserve Police Force (CRPF), Avadi, Madras, after completing my degree at Cuttack Medical College. I joined the CRPF in 1975. By that time, I had a 2-month-old son. I was a very immature and inexperienced mother. Soon I conceived again. I developed hyperemesis and could not do any housework. I was practically bed-ridden. Approximately, $3^1/_2$ months of my pregnancy, we took the decision to abort the child.

When I aborted the foetus in a nursing home at Avadi, the lady doctor showed the total product of mass to my husband. It was a female baby and my husband later told me that he felt as if she were crying and that she said to him, "Why did you kill me? What wrong did I do?"

That incident occurred about 30 years ago. After that I gave birth to 2 more sons. Now, my 2 elder sons are very well-placed abroad and my third son is studying. Recently, I developed severe arthritis and am in constant pain. If my daughter had been alive, she would have taken care of me and my domestic chores and my condition, would have been different.

I have everything in life, but I still feel that I have nothing. Sometimes, I feel very lonely. Only a daughter could have filled this vacuum. A family is never complete without a daughter.

I always advise my patients, not to kill female foetuses. I also appeal to my colleagues — never to reveal the sex of a baby to the parents after a scan. I do this because I know that only a daughter can run a family. Only a daughter can bring smiles to the faces of her parents.

Whenever I feel stressed, I am reminded of her and I cry for my unborn daughter.

— Dr (Mrs) Jyotsna Rani Swain

Yeh tera ghar yeh mera ghar

The Hindu BUSINESS LINE
23 SEP 2005

More than 80 per cent of the houses in the villages of Purandar taluka in Maharashtra are registered jointly in the names of couples, thanks to the spirited efforts of an NGO.

V. Radhika



Bhagya Prakash K.

A range of emotions flitted through Asha Jadhav when she stared at the piece of paper her husband handed her in March 2005. There, listed as a co-owner of the house, was her name.

Asha, mother of three children, says proudly, "It is an acknowledgement of the fact that a woman has a right too. Her domain is not confined to the kitchen and children."

The moment was no less emotional for her husband, Gunshekhar Jadhav, who set a personal example in his village for the joint registration. The couple became the first in Parinche village, Purandar taluka in the Pune district of Maharashtra, to translate a government policy from paper to reality. And Jadhav, a social worker, who piloted the campaign in the entire taluka on behalf of an NGO, Mahila Sarvangeen Utkarsha Mandal (MASUM), is justifiably happy at the results.

More than 80 per cent of houses in all 80 villages in Purandar are registered jointly in the names of couples. The origins of this initiative lie in a November 2003 Government resolution that instructed all panchayats to register residential property jointly in the names of husband and wife. The document would have remained tucked in the maze of official documents had it not been for an interesting collaboration between MASUM and the local government in Purandar taluka.

"Often, after a man's death, his wife has to wade through many difficulties to remain in the house that is actually hers, but not on paper. This problem can be solved if the house is jointly registered," says Gopal Gajanan Kadam, the *sarpanch* of Sattalwadi panchayat, another village in Purandar.

Adds Pratibha Jadhav, *sarpanch* of Parinche panchayat, "Pick up any (property) ownership document and you will find a man's name. Now, women feel happy that there is at least one legal document on which their names are registered. This is important not just for her self-esteem but also for her security. No one will be able to throw her out of the house — not even her husband."

As Manisha Gupte, co-convenor of MASUM, says, "The link between women's property rights and domestic violence has been established in various studies from states such as Kerala and Tamil Nadu. Domestic violence is considerably lower when women have property rights. This is a step in that direction."

An observation endorsed by social activists and women themselves. "It gives a sense of security. Now, there is no fear. No one can ask us to get out of the house. The very fact that the woman has a right to that house will act as a deterrent. This is particularly important in the case of wives of alcoholics who get thrown out of the house in the middle of the night because they oppose their husbands' drinking," says Sulbha Jadhav from Parinche village.

Most villagers in the area belong to the Jadhav community and are involved in farming. Adds another villager Pushpa Jadhav, "Often, the fear of being rendered homeless prevents women from opposing their errant husbands. Many do not even know that their houses have been mortgaged. Now, they will have some control over the process." Both Pushpa and Sulbha played a major role in spreading awareness about the measure and made repeated trips with women to the panchayat office to register the names. Incidentally, both these women do not directly benefit from this move, since they live in a joint family and the house is registered in their father-in-law's name. However, they got their mother-in-law's name included.

"The panchayat members joked that as daughters-in-law, we should not be keen on our mother-in-law's rights. Our response was that we were interested precisely because of that. After all, they are women too." Manisha Buddhiwant, who works with MASUM, sums up the oft-repeated sentiment: "A woman is born in her father's house, goes to her husband's house and dies in her son's house. She has nothing in her name. Now she will get her due."

While welcoming the move, villagers and panchayat members say that it was the awareness campaign that revved up the machinery for joint registration. "Government resolutions are confined to paper as information rarely percolates to the people it is meant for. But this campaign brought it to people," says Sulbha. Dr Ramesh Awasthi, co-convenor of MASUM, says that when they decided to spread awareness about the 2003 government resolution, they teamed up with the local government machinery.

Praising the Block Development Officer Sanjay Chillal for his initiative and interest, MASUM activists say the yearlong campaign, 'Ghar Doganche' (couple's house) started in March 2005.

"We distributed pamphlets, put up posters and launched a door-to-door campaign to spread the message," says Gunshekhar Jadhav. A team of 20 young volunteers — who formed two groups — assisted activists and, for over a fortnight, fanned out to the villages from 8 a.m. to 7 p.m.

Says volunteer Savita Bhonsle, "I was a bit apprehensive about reaching out to people who are twice or thrice my age, but the women's overwhelming response allayed those fears." She admits some men were hostile and argued that they would be 'thrown out' by their wives if the property was jointly registered.

"Our response was that we are talking about equal rights and no one can throw out the other," says the second-year BA student. Two other volunteers, Sachin and Jaywant Jadhav, recall that in many of the villages, women expressed the view that the joint registration should extend to agricultural land too. ■

Women's Feature Service

20

WILL GIRLS BECOME EXTINCT IN INDIA?





MODEL: KHRISHA PATEL

A RECENT SURVEY HAS REVEALED THAT, IN DELHI, ONLY 219 FEMALE BABIES PER ONE THOUSAND MALE BABIES ARE BORN ALIVE, WHEN A THIRD GIRL CHILD IS CONCEIVED IN A ROW. DELHI HAS ONLY 815 FEMALES PER 1000 MALES. WITH OTHER STATES REFLECTING A SIMILAR TREND, THE SHOCKING DEMOGRAPHIC IMBALANCE THREATENS THE VERY SURVIVAL OF THE GIRL CHILD, SAYS *VIMLA PATIL.*

Strangely, every programme designed to control the population of India affects female births adversely. Social activists are deeply worried that India might just turn out to be a 'men only' country in the not-too-distant, scary future. Even some decades ago, India was one of three countries in the world that had fewer women than men. According to United Nations' population surveys in many 'under developed' countries, Upper Volta in Africa, one other less-remembered country and India had the dubious distinction of having less women per thousand men, while in all 'developed' nations, women outlived men by several years. The report said that women were stronger because of their physical tenacity and their emotional strength and therefore lived longer than men. At that time, there were approximately 917 women per thousand men in India.

WHY WOMEN DIE

Analysing the Indian situation, Indian Governmental agencies and several NGOs working for awareness-raising during the early decades after Independence offered the following causes for the lesser number of women per thousand men in India:

1. Indian women in remote villages had no access to modern medical facilities and many died because of frequent childbirths.

2. Indian women, by tradition, ate leftovers after feeding their large joint families. This tradition, combined with extreme poverty, made them victims of malnutrition and anaemia.

3. Girl children in poor families were given second-class treatment as compared with sons and were given less food, no education or healthcare, which is why many female infants died at a young age.

4. A large number of poor Indian families killed newborn female children to avoid dowry and wedding expenses.

MISUSE OF LAWS

Over the decades, the Indian government took many steps to bring the number of women per thousand men in India on par with men. A number of laws were passed to give legal and financial equality, proper-

THE RATIO OF WOMEN PER THOUSAND MEN CONTINUED TO DWINDLE SLOWLY BUT STEADILY



PIC : SHAILA NAIR

ty rights, educational opportunities, workplace security and protection against domestic violence to women. Social awareness, nationwide immunisation campaigns, healthcare through primary health centres and wide propaganda of family planning procedures - all these raised hopes that women in India would finally be able to throw off their yoke of servitude and live dignified lives.

But alas, this was not to be! The ratio of women per thousand men continued to dwindle slowly but steadily over the decades for various other reasons. In the first five years of the 21st century, it has slipped down so badly that alarm bells have started ringing in the corridors of governmental power and in the offices of powerful NGOs that have kept a watch on the regrettable state of affairs. Joint efforts of both government census officials and NGOs found that lakhs of female foetuses were aborted because the Medical Termination of Pregnancy Act - passed some decades ago for helping to bring about population control - gave lawful freedom to couples not only to plan their families, but also to abort female foetuses when they did not want girl children.

UNINTENDED TECHNOLOGICAL HELP

Most Indian families yearned so passionately for sons that the status of a woman within her family depended upon whether she was the mother of sons or not. For such millions of families, miraculous new medical technology and procedures came as a heaven-sent boon. Doctors could tell would-be parents early in pregnancy whether their child would be a son or not. It was easy to abort the foetus if it was a female. By the end of the 20th century, sex determination clinics and medical test laboratories mushroomed in metro cities, towns and even small towns and prenatal diagnostic tests were available to all to predict the gender of the unborn child. It is reported that millions of female foetuses vanished into the dark womb of history, when the traditional Indian hunger for sons formed a lethal combination with ultra-modern medical facilities.

LITTLE RESPITE FROM AMENDMENTS

This threat of prenatal gender determination assumed such gigantic proportions, that the Pre-natal Diagnostic Techniques Act 1994 was amended in 2002 after the Indian Council for Medical Research drafted guidelines for the new law, which said that techniques, which helped parents to choose boy babies were illegal. The new PNDT Act was the result of the scary findings of the census of 2001. For example, the child sex ratio in Punjab in 1981 showed 900 girls per 1000 boys. In two decades, this ratio dropped to below 800 girls per 1000 boys. Other states were not far behind. In fact, the all India ratio too showed that there were just less than 900 women per 1000 men in the country. Social observers and population experts found that the declining number of women resulted not only from deliberate neglect and rampant female infanticide but also from foetal sex selection which was actively promoted by many private medical experts at their well-equipped, hi-tech clinics through infertility procedures or ART (Assisted Reproductive Technology), which enabled infertile couples to have a child and fertile couples to choose a male embryo (using fluorescence in-situ hybridisation technique or FISH) before it is implanted into the uterus of a woman. Unethical practices in the medical profession,

where doctors were out to make quick bucks, had resulted in the disappearance of 15 lakh girls who were killed before birth between 1995 and 2001.

THE SHOCKING IMBALANCE

But the government and the institutions that monitor India's population statistics could hardly rest after passing the new PNDT Act. The massacre of female foetuses continued unabated in the past five years with the result that India has now come to the threshold of a disaster situation where its female population is concerned. In Delhi, which is the capital of the nation, the number of women per thousand men has come down so shockingly, that there are only 219 live births of girl children when they are the third offspring of a couple. The survival rate for girl children is highest when the first child is a son. As a second offspring, only 542 girl children - per 1000 boy children - survive the new procedures of abortion. The sex ratio at birth (SRB) has declined so alarmingly in many Indian states that India is in grave danger of suffering from a serious demographic imbalance in the coming years, according to the Council of Medical Associations of India's Policy, Advocacy & Research Group (PARG). Researchers of PARG say that the continued preference for male children in Indian families, combined with rampant misuse of state-of-the-art medical technology by unethical and money-grabbing doctors has proved to be an unprecedented menace to India. Further, they say that every population control measure initiated by the government in good faith, has spelt disaster for female births. It seems, they conclude, that the population control policies apply only to women, and not men. Pointing to the red light of warning, they say that there is an urgent need to address this issue before it is too late!

THE RE-EMERGENCE OF POLYANDRY

But looking at the prevailing situation and media reports today, it does seem as if it is too late already! The governments of several states - like Rajasthan and Andhra Pradesh - have answered the incessant ring of the alarm bells by announcing that attractive sums of money will be given to parents for the birth of a female child. While Rajasthan offered Rs 15,000 for every girl that attains the age of 18, Andhra has offered Rs 5000 for every female birth. In the past, these baits have proved useless and there is little hope that they will work now. On the reverse side of the coin, a worsening situation in northern states like Punjab, Haryana, Bihar, Uttar Pradesh and Rajasthan has seen the birth of a new tradition of women being called 'Panchalis' or wives of five brothers, in a scary reference to the epic Mahabharat. In Punjab's quiet and secretive villages, all brothers in a family are reported to marry one wife so as to keep their property from being divided and from having to look for brides for all the brothers. Reports say that in other parts of India, it is increasingly difficult to find marriageable girls for bridegrooms on the search.

GRIM FUTURE FORECAST

In fact, affected tremendously by the scary scenario, Manish Jha, a passionate film-maker has made a film, *Matrubhoomi* which he hopes will be an eye-opener about the gruesome future situation in India. Says Manish, "I am a Bihari though I was brought up in Delhi. I have seen how women are treated in some northern states of India. They are chattels, meant only for procreation or giving pleasure to men whenever they demand. Lakhs of female children are killed as foetuses, infants or as little girls in India. The country faces a dismal future where the sex ratio is concerned. Soon, men will pay bride price to get a wife. Rape, crimes against women, violence and oppression against the women who survive will reach an unprecedented high level. The Domestic Violence Bill, passed so recently by the Indian Government, does not even mention female foeticide or killing a female infant as punishable offences. There are so many lacunae in the bill that domestic violence or violence against the female foetus or infant will continue unabated."

LET GIRLS LIVE

Without immediate corrective action, and the adoption of extremely stringent measures to save the girl child, what seems unconceivable or far-fetched today will certainly become reality in the near future. The girl child deserves to live, to be cherished, to be valued. But for that, she should first be allowed to be born.

■

Girl Power

Free education for girls cannot correct sex ratio

24|9|05 T.I

TIMES EDITORIAL

In a bid to correct the male-female sex ratio and limit family size, the ministry of human resource development has come up with a seemingly generous scheme providing freeships and scholarships to all girls from single-child families up to the post-graduate level. Starting from the next academic session all single girl children will be eligible for free education from Class VI onwards, and scholarships ranging from Rs 550 to Rs 2,000 for graduate and post-graduate studies. The scheme would apply to all government-aided or affiliated schools and colleges in the country. On the face of it, this seems a great scheme for universa-lising and promoting female education. It is likely to have a positive impact on the status of women by increasing their life choices through free education right up to college. It may also help to change family and community attitudes towards girls' education. But the scheme is unlikely to achieve the stated objective of balancing the sex ratio. The premium on the male child in our society is too deep-rooted to be offset by the promise of free education for girls and scholarships they could get once they reach college.

Even as a scheme aimed at promoting education for girls it could be better targeted. In its present form, the scholarships will bypass girls from poorer families who generally drop out by high school. If the government were to provide a small scholarship of Rs 100 from middle school onwards for girls from an economically weak background, it would help to keep them in school, much like the mid-day meal scheme.

But the scheme will have the desired impact only if the government improves the educational infrastructure and makes schools more accessible and education more meaningful. No one wants to send his daughter to a school miles away from home, with no blackboards and toilets, where she is unlikely to learn skills that will help her in life. As for scholarships at the college level, there must be an income ceiling for the beneficiary. When government resources are scarce, why should girls from well-off families be given scholarships?

were being misused rampantly. | lowed when ...

9-SEP 2005

DECCAN HERALD

No girls of marriageable age? Buy one

A disturbing trend is being witnessed in Haryana. No girls of marriageable age has resulted in polyandry where several brothers share a single woman as wife.

FROM RAJESH DEOL
Dh News Service

CHANDIGARH: Is Haryana heading towards women-less society? That was the over-riding concern brought out by speakers at a seminar held to reflect on the "Impact of declining sex ratio on development of Haryana" here on Thursday. Speakers also expressed concern over the trend witnessed in the state due to the declining ratio resulting in women being bought and sold under the garb of marriage from different parts of India.

There have been reports of women being purchased from Bihar, UP, Assam West Bengal and even Bangladesh by men in Haryana because of non-availability of girls of marriageable age in some parts of the state. Haryana has the dubious distinction of having second lowest sex ratio in the country after Punjab with a ratio of 861 females to every 1000 males.

It was pointed out that if the current trend continued, the sex ratio in Haryana will be 500 in next 25 years, 250 in 40 years and 100 in 50 years.

Quoting from the survey conducted by the Epos Health Consultant, the state Commissioner for Women and Child Welfare, Urvashi Gulati posed a query, "Is Haryana heading towards a women-less society?" she questioned adding that there is a disturbing trend in many villages in Haryana that virtually have no girls of marriage-able age.

Ms Gulati pointed out that the factors responsible for female foeticide is a strong preference for a son and discrimination against girl child, socio-economic and physical insecurity of women, the evil of dowry combined with easily accessible and affordable procedure for sex determination during pregnancy and unethical medical practices.

Declining sex ratio has adverse socio-economic, demographic and health implications.

The decreasing number in females are likely to increase sex related crimes against women.

Inaugurating the seminar, the Haryana Health Minister Kartar Devi said there is a need to change the mindset of the people so that they will get rid of their "boy fixation".

Dr Rajesh Kumar and Dr Madhu Sharma from PGI School of Public Health said in their paper that preference for a son and sex selective abortions were among the reasons for declining sex ratio.

"Women are either pressured into unwanted abortions by others, mistreated by abortion practitioners, abortion counsellors or deprived of information relevant to making an informal decision," they said.

25

There's a better sex ratio in slums

- 2 SEP 2005 THE STATESMAN

NEW DELHI, Sept. 1. — Slums have fared better than non-slums in child sex ratio, according to the Census report 2001. The child sex ratio (between 0-6 years) in slum areas is 919 in 640 cities and towns in 26 states compared to 904 in non-slum areas, according to new data released by the Census. Speakers at a National Media Workshop on sex selection and female foeticide said 6 million children reside in slums constituting 16.4 per cent of the child population of these states. The Census segregated data on the child sex ratio among Scheduled Castes, Scheduled Tribes and general population indicates interesting trends, although there has been a consistent decline across segments.

While the decrease has been maximum in the general population from 940 in 1991 to 919 in 2001, the Scheduled Tribes showed a shift from 985 to 973 with minimum decline in the Scheduled Caste community from 946 to 938. The data highlights the adverse linkage between prosperity and sex selection and dispels the myth that poverty is responsible for sex selective abortions. The workshop was organised jointly by the Unicef India country office, the Centre for Women's Development Studies (CWDS) and the Centre for Advocacy and Research. Ms Suman Prashar, joint director, office of registrar general and census commissioner referring to sex selection and female foeticide as a form of discrimination said, Indian society should value the contribution of girls and women and ensure zero-tolerance of violence against women. Another speaker said while Unicef was talking about "survival" of the girl child in the late 80s, it was in the context of providing healthy survival of the child rather than the basic issue of elimination of daughters in the womb, a bombshell revealed by the Census 2001 data, that showed the steep drop in child sex ratio from 945 (1991) to 927 (2001). — SNS

DECCAN HERALD

UTs have lowest sex ratios in country

6 SEP 2005

FROM DEVIKA SEQUEIRA
DH News Service

PANAJI: Statistics recently released show an alarming decline in the ratio of females in union territories, with five of them, including Delhi, recording the lowest figures in the country.

Daman & Diu, Chandigarh, Dadra & Nagar Haveli, Delhi and Andaman and Nicobar figure at the bottom of the sex-ratio table in the 2001 Census.

The figures for Daman and Diu particularly, are stark. This former Portuguese enclave which had a higher ratio of women to men till 1981, has shown a startling decline, registering just 710 females per thousand males in the 2001 census. The ratio declined by a disturbing 259 points in just a decade. It was 969 in 1991.

Dadra and Nagar Haveli has similarly shown a sharp decline of 60 points in the gender ratio from 952 in 1991 to 812 in 2001.

Chandigarh, which has consistently shown the North Indian bias for male offspring, has not improved its record. Its ratio of women to men has remained well below the 800 mark. It was 652 in 1961, 749 in 1971, 769 in 1981, 790 in 1991 and remains at 777 in 2001.

States like Uttar Pradesh, Jammu and Kashmir, Punjab, Sikkim, Haryana are also way below the national average sex ratio of 933.

South Indian states on the other hand, have a far better gender ratio.

In Kerala, women outnumber men 1,058 to 1,000, and in Pondicherry, the ratio of the sexes is virtually equal. Tamil Nadu (987) Andhra Pradesh (978) and Karnataka (965) rank among the first 10.

Neither literacy nor poverty, it appears, has any bearing on cultural prejudices against the girl child.

Bihar, which remains at the bottom of the national spectrum in terms of poverty and literacy (47 per cent compared to the all India 65 per cent) has a far better sex ratio record (919) than Delhi or Haryana or Chandigarh.

WOMEN

Where have all the girls gone?

THE TIMES OF INDIA, HYD 24 SEP 2005

A peculiar phenomenon is being witnessed in some parts of the country otherwise known to be economically prosperous. In some semi-urban and rural pockets of Gujarat, boys are picking up brides from tribal communities. This is not because caste differences have ceased to exist but due to the non-availability of girls of marriageable age in the so-called forward communities. For the same reason, in parts of Punjab, the practice of polyandry — a woman having several brothers as husbands — has become prevalent.

The girl child is truly on the way to becoming an extinct species, and unfortunately technology is helping this. Sex determination tests are banned, but it is common knowledge that they are being carried out clandestinely. Consequently, the girl child is being murdered in the womb. In this day and age, female infanticide is not unknown in the country.

Even if a girl child survives all this, she is treated as inferior and socialised to put themselves last. This undermines their social esteem; discrimination and neglect in childhood initiates a lifelong downward spiral of deprivation and exclusion from the mainstream. In this context, in a powerful affirmative action, the central government — without much fanfare — has decreed that all girl children, if they are the only issue of their parents, will get free education from class VI to class XII in schools affiliated to the Central Board of Secondary Education (CBSE). If parents have two girls only, they will be entitled to 50 per cent concession. The central government wants to persuade state boards to follow suit. At this stage it is still not clear who will subsidise these schools or whether this would apply to only new schools.

Nevertheless the cause of the girl child is an important one encompassing much more than her education. *The Times of India*, in a new initiative, is starting a debate on the unacknowledged contribution of the girl-child to our nation's well-being. If you feel strongly on this matter, write to:

GIRLS ARE BETTER



- They've won us more laurels
- They do more work
- They're more sincere
- They are law-abiding
- They really care
- They're more creative

So why are we killing them off?

28

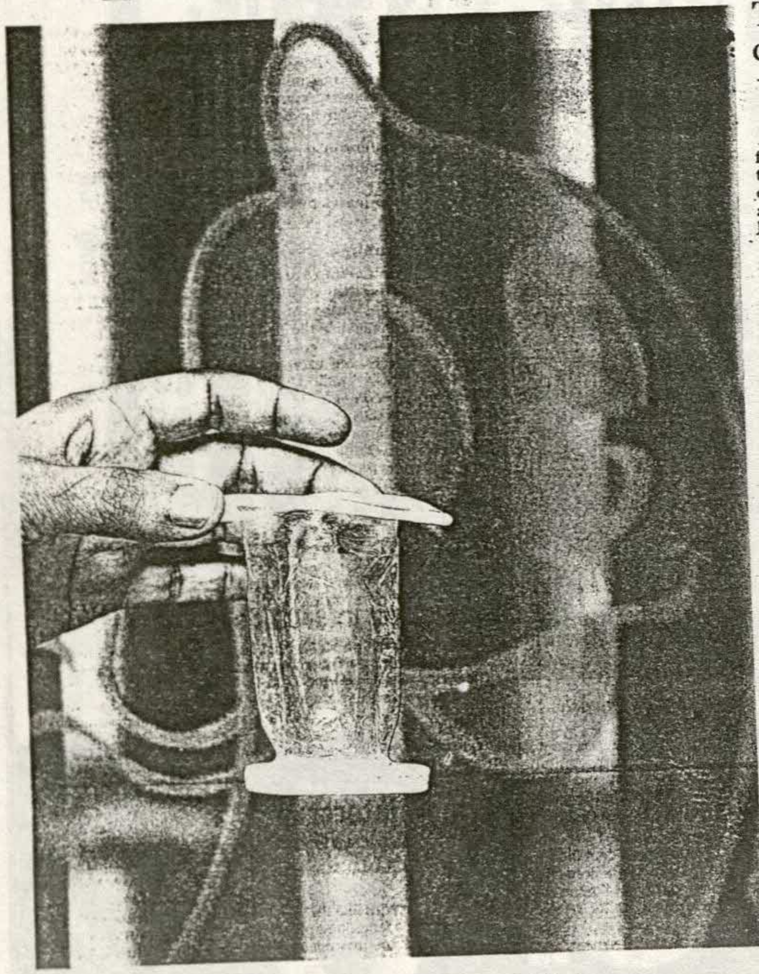
ɿy-harvesting backpack
ists have invented an energy-harvesting ack that generates electricity from the nents of its cargo compartment.

Pre-industrial revolution methane levels
Human burning of jungle and grasslands in the Americas, may have contributed a significant amount of methane before the industrial revolution.

SCIENCE & TECHNOLOGY

A prophylactic to empower women

The Government will soon make female condoms available at a subsidised rate for commercial sex workers



VIABLE ALTERNATIVE: *Female condoms will give women a choice to protect themselves.* – PHOTO: ARUNANGSU ROY CHOWDHURY

- **Acceptability studies done in India have shown encouraging results**
- **Female condoms will be made available in 250 lifestyle stores for the commercial segment**
- **Unlike latex, the polyurethane material used for making female condoms makes reuse possible**

IN WHAT may possibly be one of the most potent moves to empower women in protecting themselves from getting infected with HIV, the Government is soon expected to make female condoms available under the social marketing programme.

With women accounting for more than one quarter of new HIV infections every year in India, the focus should be on protecting women. And the introduction of female condoms is a step in the right direction.

Though a report by the WHO last year showed nearly 15 per cent of the 5.1 million HIV infected in India as being commercial sex workers, there is still a huge population of commercial sex workers who are not infected.

Prevention holds the key

What the male condoms do to protect the male from getting infected or infecting his partner, the female condoms do for women. With prevention being the watchword, giving women a choice to protect themselves holds the key.

Though female condoms are already available in India, they are yet to become widely used. The hurdle is the price — Rs.100 apiece — and the target users being the commercial segment. The latest move is to subsidise it to make it available to commercial sex workers at Rs.5 in two months' time. Female condoms are expensive compared with male condoms as they are manufactured by The Female Health Company based in the U.K., and are marketed by Hindustan Latex Limited.

An acceptability study done on sex workers in Thailand (*Sexually Transmitted Diseases journal, 2001*) found nearly two-thirds satisfied with female condoms.

A similar study done on sex workers in China and published in *Contraception* journal in 2002, found nearly 97 per cent of the sex workers showing interest in using female condoms once they were educated and the correct way of using female condoms was demonstrated to them.

A pilot study done in India in 2002 in Andhra Pradesh found 72 per cent of sex workers comfortable with female condoms.

"The results of the acceptability study undertaken in Maharashtra, Andhra Pradesh and Kerala one year ago are very encouraging," said M. Ayyappan, Managing Director, Hindustan Latex Limited, Thiruvananthapuram.

Several studies have, however, pointed out the initial discomfort and difficulty that women face when using female condoms.

These handicaps are overcome with regular use though. 'Acceptance and ease of application improved with use,' noted the paper in the *Sexually Transmitted Diseases* journal.

Though heavily subsidised, the Rs.5 price tag may still appear expensive for some sex workers, which in turn may discourage them from buying a female condom despite its advantages.

"Strictly speaking, we should be supplying it free of cost for the first two years or so," he noted. "We are making a recommendation to the Government for free distribution. This should go hand in hand with the subsidised female condoms."

The acceptability studies have shown that female condoms will come to sex workers' rescue when men refuse to use a condom but do not mind the sex workers using one. It is highly beneficial when some men in an inebriated state do not use a condom and fail to even realise that the woman is using one.

Question of reuse

Being more expensive compared with male condoms, it has been found that women tend to reuse female condoms several times. The polyurethane material used for making female condoms (unlike latex in the case of male condoms) makes reuse possible.

Though the WHO strongly recommends only single use of male or female condoms, wide prevalence of reuse has forced it to look at the issue more pragmatically. Accordingly, the WHO found that reuse up to seven times after disinfection with bleach and re-lubrication did not affect its structural integrity.

Though disinfecting with bleach (1:40 dilution of bleach in water for two minutes or 1:20 dilution for one minute) kills HIV and other disease causing organisms, the WHO makes it clear that it is not known if all potentially dangerous organisms get completely killed.

Reuse discouraged

"We are not propagating the idea of reuse. We will project it as a disposable product after single use," Mr. Ayyappan emphasised. "Reuse will actually do more harm than good (if not disinfected properly)."

It is to prevent reuse that the company and the Government are looking at the possibility of making it available free of cost to the segment of sex workers who can ill afford to dispose of it after single use.

"Reuse will no longer be an issue when the next generation female condom made from nitrile latex (synthetic latex) becomes available. The cost will come down by half," he noted.

While reuse will be highly discouraged in the case of sex workers, those buying it from lifestyle stores will be counselled on reuse if they intend to do so.

Education imperative

Unlike male condoms, women intending to use female condoms need to be taught many things apart from being counselled and educated.

Support and some handholding will be particularly required in the initial stages in the absence of which studies have shown that women may stop using them. While commercial sex workers will stand to gain from the counselling and education on several aspects including the much-needed skills to negotiate with clients, the company plans to provide education and other support system for those buying it from lifestyle stores.

According to Mr. Ayyappan, the company intends to make female condoms available in 250 lifestyle stores where there will be some trained personnel to provide support and training to customers.

Potential hurdles

In a society where one feels embarrassed to even buy male condoms from a store, will the need to be demonstrated on the correct ways of using female condoms be a big deterrent?

Mr. Ayyappan does not think so. "The attitude (towards buying) is changing fast. Embarrassment while buying condoms is becoming less of an issue," he explained. Only time will tell if his optimism is well founded.

At the end of the day, Mr. Ayyappan is sparing no efforts to ensure that the female condom does not get branded as something that only sex workers use. "Stigma will not be there if (everything is) done properly," he said. "That is why we have (first) launched it for the commercial segment."

While female condoms will go a long way in empowering women, men cannot altogether shift their responsibility on to women to curb the spread of infection.

The use of female condoms by women who are already HIV infected may not be high. The onus then lies with men to protect themselves. This underlines the necessity for one partner to always use a condom.

R. PRASAD
in Chennai

29

Anaemia



Feeling tired? Irritated? Breathless? Lethargic? The reason may not be quite simple. Read on...

By Meeta Lall

A Widely Prevalent Disease

Sujata is a committed housewife. She works hard at home and spends time with her children after they come home from school. Of late, however, she gets tired easily. She is pale, does not feel hungry and often feels giddy. She has little energy left for her children. By the time her husband comes home, she is too tired to be nice, and snaps back at the slightest provocation.

Sujata is not suffering from frustration or depression. Nor is she a victim of some life-threatening disease. A simple blood test revealed that she is suffering from anaemia — a deficiency disease most commonly caused by lack of iron in our diet.

Sujata is not alone. According to the World Health Organisation (WHO), as many as 30% of the world's population — that is, one out of every 3 persons — has iron deficiency, i.e., anaemia. In India, more than half of the population is anaemic. At least 70 million children below 6 years, and 13 million pregnant women in India are anaemic. Every second woman and more than half of the teenage girls are anaemic. The occurrence among working adults (18-45 years) is also found to be pretty high.

What sets anaemia apart from other deficiency diseases is that it affects us all: rich or poor, old or young, city-dweller or villager. In particular, anaemia strikes when iron needs are high: during pregnancy and/or periods of rapid growth as in early childhood (6 months to 3 years) and adolescence (11-17 years).

Iron, haemoglobin and anaemia

As we all know, our blood has red cells, which contain haemoglobin. Haemoglobin carries the vital life-sustaining oxygen to all parts of our body. Iron is required for the formation of this haemoglobin. When we consume less iron in our food, formation of haemoglobin is lowered. This results in anaemia.

During adolescence, concerns about the figure, food fads, ignorance and high intake of junk food also lead to iron deficiency. Contrary to popular belief, young boys (16-17 years) are also anaemic. Worms and malaria also aggravate anaemia.

The consequences of anaemia during pregnancy and early childhood are particularly severe. Anaemia during pregnancy increases the risk of premature delivery as well as giving birth to low birth-weight babies. Such infants are more likely to die within the first month. Severe anaemia during pregnancy can also cause the death of the mother and irreversible mental defects in the child. In India, one in 5 mothers die due to anaemia during pregnancy.

Anaemic infants have impaired mental development, language skills, body balance and coordination. If anaemia is severe (less than 7 gm%), effect may be permanent. In school, anaemic children show poor attention span, memory, concentration, and concept acquisition – leading to poor academic performance. In all age-groups, anaemia increases the body's susceptibility to infections.

Anaemia develops gradually

The worrying part about anaemia is that its symptoms are very general and often go unnoticed. Adults with anaemia have difficulty in concentrating on a particular task. They feel tired and lethargic, and possess a lower capacity to do physical work. Anaemia, thus, affects daily activity as well as productivity. Breathlessness on mild exertion, paleness of skin, eyes, tongue and nailheads are other symptoms.

Moreover, symptoms become evident only when haemoglobin levels fall below 5-6 gm%.

Ironically, anaemia can be easily prevented. There is a wide variety of foods which are rich in iron. They include:

- Green leafy vegetables such as leaves of mustard (*sarson*), amaranth (*chaulai*), colocasia (*arbi*), knol khol (*ganth gobhi*), radish (*mooli*), turnip (*shalgam*), Bengal gram (*chana*), and many others;
- Grains (and their flours) including wheat, ragi, jowar, bajra;
- Pulses, especially sprouted ones;
- Tubers such as potatoes;
- Dates (*khajoor*); and
- Jaggery (*gur*).
- However, these foods also contain several substances that prevent this iron from being absorbed — or taken into the blood. Only 2-5% of the iron from vegetarian foods is actually absorbed into the body. On the other hand, all animal flesh foods — particularly meat and liver — are rich sources of iron. As much as 20-30% of the iron present in these foods is absorbed by the body.

To improve absorption of iron from meals, it is recommended to:

- Consume Vitamin C-rich foods along with meals on a regular basis. (Vitamin C-rich foods include orange, lemon, guava, *amla*, green mango and fermented/sprouted foods.)
- Avoid consuming tea and coffee along with food. Avoid drinking these beverages for at least half an hour before or after meals.

Research has shown the advantages of eating iron supplements — tablets or syrup — on a regular basis, particularly for pregnant women, nursing mothers, adolescent girls, and 6-24-month-old children. Even adult women — both working and non-working — can benefit greatly by consuming an iron pill regularly.

According to nutrition experts, even children from well-off families in urban areas require extra iron. A wide array of iron supplements is available in the market today. However, it is advisable to get your general physician to prescribe the specific brand and dose. Since worms intensify the problem of anaemia, regular dosing for worm infestations — especially among the most vulnerable age-group of 11-20 years — is also very important. While consulting your doctor, make sure that all members of the family undergo deworming regularly.

Another tried and tested method is the addition of iron to food items consumed by the masses. This is done at the manufacturing stage. In India, very few foods such as *atta*, bread and infant formulas are already being fortified with iron. When selecting a specific brand of a food item, it is a good idea to check whether it has iron added to it — that is, it is fortified with iron. Research on fortifying salt with iron along with iodine is currently in progress.

A World Bank cost-benefit analysis shows that anaemia control produces an immediate increase in physical work output, reduces vulnerability to illness, improves the quality of leisure time and gives a greater sense of well-being.

So, take matters into your own hands and make sure that you are not one of the iron-deficient anaemic people in our country. WE



Normal haemoglobin levels by age group

Children: 6-59 months	11 gm%
Children: 5-11 years	11.5 gm%
Children: 12-14 years	12 gm%
Non-pregnant women (above 15 years):	12 gm%
Pregnant women:	11 gm%
Men (above 15 years):	13 gm%

31

Fighting polio to the finish

2/9/05. T-I

By SWATI SAXENA

This year could be a landmark in the history of India's health achievements as we stand on the threshold of a polio-free India.

The first and last stages of an initiative are always the hardest. During the final stages of smallpox eradication, critics said that it was not possible. Faced with the possibility of not meeting the target, then prime minister Indira Gandhi appealed to her nation's sense of pride. Within 12 months, we succeeded in eradicating small-pox. The same sense of urgency and commitment is now required to remove polio from our country's map.

We have come a long way in the fight for a polio-free India. Since the launch of the National Immunisation Days (better known as Pulse Polio Sundays) in 1995, the number of polio cases has come down drastically. From 1,000 cases per day in 1988, we have come down to less than one case per day. This year, only 25 cases of polio have been reported till August 8. Now, the challenge lies in getting to zero-polio status.



Polio, also known as poliomyelitis, is a highly infectious disease caused by the poliovirus. It invades the nervous system and can cause total paralysis. The virus mainly strikes children below five years of age. Because the virus attacks so quickly, it can turn a perfectly healthy child into a life-long cripple within a few hours.

TIMES EDITORIAL

In the 1980s, the wild polio virus held the entire world to ransom, claiming victims in more than 125 countries across five continents. So, the battle against the poliovirus has also been fought at a global level.

The Global Polio Eradication Initiative (GPEI) is the largest public health initiative the world has ever known. Since 1988, some two billion children around the world have been immunised against polio, thanks to the unprecedented cooperation of more than 200 countries and 20 million volunteers, backed by an international investment of $3 billion. Today, polio remains in just 13 countries across the world.

Unfortunately, India happens to be one of the few countries that are still polio-endemic. However, it is encouraging that the poliovirus is more geographically restricted than ever before, with 90% of the cases in India now confined to specific regions in western UP and Bihar.

The persistence of poliovirus transmission in the endemic regions of UP and Bihar has to do with peculiar environmental, demographic and geopolitical setting of the area. Apart from low levels of literacy and high poverty, other factors like overcrowding, poor sanitation and hygienic conditions, and unavailability of safe drinking water also increase the spread of polio.

There is also mistrust and suspicion in certain communities, as it is believed that the polio vaccine causes impotency. In 2004, out of the total number of children affected by polio, 79% were from minority communities.

One factor that helps in overcoming these problems is advocacy. A series of meetings of the district magistrates and chief medical officers of the most endemic districts of UP and Bihar were held to work out a viable strategy for these regions. Religious leaders and opinion makers are also used to create a positive attitude.

The time, effort and money spent in the polio eradication programme begs the question: Why should so much attention be bestowed on this disease when there are more life-threatening diseases lurking around the corner?

The reasons are many and each is equally important. Polio is one of the few diseases that can be eradicated as it has an efficient, inexpensive and easy-to-administer vaccine. If successful, polio will only be the second disease after smallpox to be completely eradicated in history.

A successful polio eradication campaign would lay down the framework for mass campaign against other diseases. If vaccines can be developed for diseases like TB, SARS, HIV, or malaria, the practical, field-tested methods used for eradicating polio can be leveraged to fight those diseases.

The writer is with Rotary International's India Polio Plus Committee.

Mixed Messages?

An Analysis of Communication Materials on Abortion and Sex Determination in Rajasthan

This article highlights the ambiguous, and sometimes even misleading information used in state advertisements on two separate issues (which are also interlinked with each other), that of legalisation on abortions and banning of female foeticide using sex-selective technologies. This misinformation has been a result of a combination of graphics, language and the tone used in the content. In order to be effective public information systems have to be simple and rooted in local contexts.

HILLARY BRACKEN, VIJAYA NIDADAVOLU

Public education and information campaigns about the legality of abortion and illegality of sex determination are important strategies for improving access to safe abortion services and deterring the practice of sex determination followed by sex selective abortion. Government and non-government organisations have produced materials such as flipcharts, pamphlets, posters, radio and television spots to address these two issues. Yet very little is known about the processes involved in the development of such material, their content, reach, people's perceptions towards them or the effect they have on choices people make. Anecdotal evidence suggests that materials about sex determination and sex selective abortion are much more widely disseminated than information about abortion. Several qualitative studies undertaken as part of the national Abortion Assessment Project-India (AAP-I) found that awareness of legislation pertaining to sex determination was far greater among women and service providers, than knowledge of the legal status of abortion in India [Visaria et al 2004]. Anecdotal evidence also indicates that the publicity on the illegality of sex determination may have created a misinformation campaign on abortion, by reinforcing ideas that abortion is a sin or is illegal. Hence the two issues, abortion and sex determination, have become intertwined and complex, meriting further study and analysis.

Abortion was legalised in India through the Medical Termination of Pregnancy Act in 1971. Abortion is permitted up to 20 weeks gestational age, for a broad range of social and medical reasons including: if the pregnancy endangers the physical or mental health of the mother; may result in the birth of a child with physical or mental abnormalities; is a result of rape (excluding marital rape); or is a result of contraceptive failure in a married woman [GoI 1971].

Although women in India have had a legal right to abortion for over 30 years, up to 90 per cent of the estimated six million abortions occurring annually continue to be performed illegally, either at uncertified facilities and/or by uncertified providers, which are often unsafe [Chhabra and Nuna 1994; Khan et al 1999]. Almost one-tenth of all maternal deaths [RGI 2004] and significant morbidity are due to complications associated with unsafe abortion [Ganatra 2002; Sood et al 1995]. Community-based studies suggest that a vast majority of men and women – up to 85 per cent – may be unaware that abortion is legal in India [Elul et al 2004]. The lack of information and knowledge about the availability and location of safe abortion services present significant obstacles to women in accessing safe abortion in India.

Meanwhile, the practice of identifying the sex of the foetus and subsequently aborting the female foetus has increased rapidly in the past decade, with the last census revealing the lowest ever sex ratio of 927 girls to a 1,000 boys in India in the 0-6 year age group [RGI 2001]. Although abortion is legal in India, the practice of using foetal diagnostic technologies for identifying the sex of the foetus is illegal. The Prenatal Diagnostic Techniques Act (1994), states that, determining and communicating the sex of a foetus to parents is illegal and that genetic tests to detect foetal defects may only be performed in registered facilities. In addition the PNDT Act also explicitly mentions the need for public awareness about the issue of sex determination and female foeticide [Jaising 2004]. Community-based studies reveal a high degree of awareness of the illegality of sex determination, and tacit acceptance of the practice [Visaria et al 2004].

The use of information, education and communication (IEC) in public health and reproductive health programmes in India can be traced to the late 1960s, when community extension agents used posters, leaflets and radio broadcasts to promote family planning and to inform existing users about new methods [Piotrow et al 2004]. In recent years, India's national AIDS control programme has also used IEC and awareness campaigns to increase knowledge of HIV transmission and prevention measures. The importance of awareness campaigns has been reinforced at a policy-level. The Reproductive and Child Health Programme II has emphasised the need to carry out campaigns taking into account the context and idioms of diverse regions in India [MoHFW 2003].

A number of systematic frameworks and methodologies for the evaluation of IEC campaigns and materials exist [Kane et al 1998; Kincaid et al 1996]. However, assessments of reproductive health related materials in India have been limited. An unpublished study conducted by the Population Council in 2001-2002 found that the structures, processes and outputs currently in use in the government IEC departments in Andhra Pradesh, Madhya Pradesh and Maharashtra do not facilitate the provision of information, education or communication on the concept of

nformed contraceptive choice [Population Council 2002]. Evaluations of abortion- and sex determination-related materials are particularly rare. A search of the published literature yielded no studies on abortion-related IEC materials in India and only one study on the content of patient materials for medical and surgical methods in Britain [Wong et al 2003].

The need for both pre-testing and evaluating IEC materials is acute given the possibility of misinformation. For example, vague health education messages related to national vaccination programmes have had unexpected consequences, such as discouraging certain sectors of the population from accessing needed services [Nichter 1996; Singh and Bharadwaj 2000]. The possibility of misinformation is particularly great when communicating messages about abortion and sex determination, topics associated with substantial stigma and a culture of silence.

In an effort to better understand the content, form and quality of existing IEC materials about abortion and sex determination and identify promising practices for the development of future materials, the population council undertook a small study in one district in Rajasthan. The study is a follow-up to a programme of research on unwanted pregnancy and abortion undertaken by the population council between 2001 and 2002 in six districts in the state. This programme of research provided valuable background information for identifying potential sources and consumers of materials and important issues related to abortion and sex determination.

This paper synthesises data collected from this study and offers recommendations for the development of materials about abortion and sex determination.

Methodology

The study employed two different methods: content analysis of IEC materials about abortion and sex determination; and in-depth interviews (with producers and distributors of the materials; and abortion providers) and focus group discussions (with men and women of reproductive age). We collected IEC materials produced, used or distributed in the five years preceding the study (1997-2002) by the state and central governments and non-profit, non-governmental and private organisations working in the district. We examined all available materials related to sex determination, abortion legislation, abortion services, choice of methods, and post-abortion complications. Audio-visual materials (i e, audio tapes, video tapes, public service spots, radio spots, and ongoing street plays or performances) and printed materials (i e, pamphlets, wall-charts, picture books and posters/billboards) were included if they offered information or guidance on any of the issues mentioned above. Shop signs were not included in the analysis.

All materials meeting the inclusion criteria were content analysed using a content checklist and qualitative checklist. For items available in both Hindi and English, two evaluations were completed to check for consistency in language. The content of each material was assessed using a four-point scale to determine the presence, detail and accuracy of information related to the legal status of abortion, types of abortion methods available, gestational limits for different types of abortion procedures (e g, medical or surgical), the availability, cost and confidentiality of services, the details of the abortion procedure (including length of hospital stay, anaesthesia, pre-procedure preparations and potential complications) and post-abortion care issues. Materials on the PNDT Act or sex determination were evaluated on the presence and detail of information related to the PNDT Act and information promoting positive attitudes and exploring the potential of the girl child.

Following the content analysis, we qualitatively assessed the approach (i e, whether the materials used fear or other motivators), language, text, illustrations and design. The materials were also assessed for gender sensitivity, links to services, and whether they inspired action and promoted informed choice of methods/services. A member of the study team provided detailed written answers to a series of open-ended questions on the above topics. Each assessment was discussed by members of the study team for any inconsistencies or differences in interpretation. Results were combined and analysed to identify common themes and significant differences in content, form or style.

As messages and information about abortion and sex determination are also communicated through the popular press, we also reviewed newspaper articles published in Hindi and English dailies available in the district headquarters between 1997 and 2002. Newspapers reviewed include the *Rajasthan Patrika, Dainik Bhaskar, Dainik Navjyoti, Hindustan, Rastradoot, Mahanagar Times, Rashtriya Sahara, The Hindu* and *The Times of India*. News items were scanned at the Jaipur office of the *Rajasthan Patrika*, the newspaper with the largest circulation in Rajasthan. In addition, we visited the state resource centre for adult education in Jaipur to review their compilations of news items on population and development issues.

In the second phase of the study, we conducted in-depth interviews with four state government officials responsible for the development and dissemination of IEC material, three print and electronic media representatives working in Rajasthan and six members of non-governmental and community-based organisations responsible for production or distribution of materials, to understand the process of production, pre-testing, dissemination and to identify possible gaps. In-depth interviews were also conducted with six health providers in the private and public sector in the selected district in order to assess their perceptions and use of IEC materials. All these providers, except one medical officer in a community health centre, offered abortion services. Finally, six focus group discussions were conducted with men and women of reproductive age in three areas (two rural blocks and one urban site) in order to assess their familiarity with and perceptions of a selection of the collected materials. Each focus group included eight to 10 people who were recruited with the assistance of a community-based organisation working in the area.

Findings

Communication Material Assessment

Document Sample and Source

Governmental IEC bureaus, non-governmental organisations and private and non-governmental abortion service providers were approached to collect materials on abortion. We found no evidence of abortion materials produced either by the government or by private abortion providers. Of the 17 materials on abortion we found, including four flip charts, two pamphlets, one print advertisement, two wall paintings and eight television spots, a non-governmental abortion service provider in the district

produced 15. Two flipcharts were produced by community-based or non-governmental organisations doing community health education in the area. Most of the materials were in Hindi and mostly literacy-dependent.

Materials about sex preference and sex determination were also gathered directly from the government bureaus, abortion providers or community groups working in the district. We collected 10 materials about the PNDT Act, sex determination, sex preference or the practice of sex selective abortion. The government of Rajasthan produced the majority of these items, including five posters and two pamphlets. Community-based and non-governmental organisations produced only three flip charts on the topic. During the study, we found no radio or television spots related to this topic. However, media coverage of this topic on talk shows and news programmes is quite prevalent, as revealed in the in-depth interviews conducted with producers of the state television network. Only one flipchart, produced by a community-based organisation, addressed both issues.

Content Analysis

A non-governmental abortion service provider produced almost all the abortion materials. The pamphlets and flipcharts were designed for distribution at the clinic to potential clients or in the organisation's community-based education activities. Consequently, most of these materials explicitly mentioned the location of services (the service provider's facilities) and the legal status of abortion. One flip chart produced by the provider advised viewers to, "Always get an abortion done at a registered place by an approved doctor". The material did not explain the meaning of 'registered' or describe who was an approved doctor although the flip chart implied that the provider's clinics were approved.

The television spots, print advertisements and billboards produced by the non-governmental provider were meant to provide general information to the public on abortion. Of the eight television spots, three were explicitly on abortion and the rest combined messaging on abortion along with issues such as contraceptive choice and male involvement. The spots were meant for broadcast through channels and for narrowcast through mobile video vans. The spots used popular Hindi film scenes to drive home messages on abortion legality and access. Like the other materials designed by the provider the mass media materials explicitly mentioned the name and location of clinics. However, like the other materials created for individual consumption, the mass media campaign did not explicitly mention the types of methods available, gestational age limits or cost for these methods. Information on gestational age may help women and their families access necessary services in time and choose the appropriate method.

In contrast, the two flipcharts about abortion produced by non-governmental organisations made less explicit reference to the location of services and did not include detailed information on the legal status of abortion, different abortion methods or the gestational age limits for these methods. Instead, these materials focused on reducing stigma related to the topic by explaining the conditions under which a woman could want or need an abortion. Unfortunately, these explanations often relied on stereotypes, for example, that poor women or women with many children should have abortions.

Most of the materials about sex determination were targeted at families or women. We found one poster targeted at doctors offering foetal diagnostic services. All the materials were literacy dependent and were in Hindi. The posters and pamphlets on sex determination produced by the government of Rajasthan included a detailed description of the content of the PNDT Act and the punishments associated with the act. The materials from the community-based organisations (flipcharts) did not mention the legislation explicitly but did underscore the positive attributes of the girl child. These materials were available in both Hindi and English and the translations were consistent.

Qualitative Analysis

Language, form and visuals of abortion-related materials: While the informational content of IEC materials is clearly important, the form of the materials, including language and visuals, may also shape the audience's reception of these messages. Thus, we assessed the words used to refer to abortion in different pamphlets, spots and flipcharts. When referring to abortion, safe abortion materials used the terms 'garbhpaat' (abortion) or more colloquial terms such as 'bachcha girana' (literally, to make a child fall), safai (cleaning), 'unchahe bachche se chutkara' (literally, release from an unwanted child). When referring to an unwanted pregnancy, posters and pamphlets used more sanskritic terms such as 'unnichchit' (undesired or harmful), 'awanchaniya' (unwanted) or less frequently, the more colloquial terms 'bojh' (burden), 'samasya' (problem) or 'galti' (mistake) were used in spots. While the use of colloquial terms such as bojh or samasya may make materials accessible to a broader audience, such words also hold pejorative connotations – used for unwanted girl children for example – and therefore miscommunicate and condone the practice of sex determination.

The vague language used in some abortion materials may also lead to confusion about the availability of safe abortion services and the issue of sex selective abortion. Several posters and pamphlets about abortion services suggested that if a woman needed a 'jaanch' (test) of a certain kind, the NGO provider could link her to an appropriate facility. However, the material did not specify the purpose or nature of these tests. As the word jaanch is also used to refer to foetal diagnostic tests, this vague statement could be potentially misleading and contribute to confusion about the types of services offered by abortion providers.

Several of the flipcharts used stories to make the information more interesting and accessible. While such methods may be a useful way for communicating complex information, the narratives may unintentionally exclude sections of the audience or imply incorrect information. Most posters and flipcharts depicted married women with one or more children visiting a clinic. None of the materials depicted an adolescent or unmarried woman seeking an abortion or stated that such a woman could legally obtain an abortion. Rather than clearly communicating who could legally seek an abortion, one flipchart implied the conditions under which a woman should seek an abortion – i e, if a woman was poor or already had three children.

Materials also used visuals to imply where abortion services were available and the relative safety of different options. The imagery was either suggestive, where the woman was shown entering a clinic or a 'dai's' house, or graphic with the woman lying down on a bed and an abortion being performed, either by a trained (with stethoscope) or untrained provider (usually referred to as a dai or depicted as an elderly woman). Most flip charts depicted a clinic interior, usually in an urban setting. The

wo flipcharts that pictured a rural setting were not explicitly inked to a specific service provider.

Language, form and visuals of sex determination-related materials: As with the safe abortion materials, we reviewed the erms used to refer to sex determination/selective abortion. Most materials referred to both sex determination and sex selective abortion. The posters produced by the government targeting providers and the general public used pejorative terms such as 'kanya bhrunhatya' (murder of the girl child in the womb) and 'garbhasthya shishu ka hatya' (murder of the infant in the womb) to refer to sex selective abortion. 'Shishu' (infant) also appeared in translations of the term foetal sex determination (e g, 'shishu ki ling jannch' – determining the sex of the infant,' bhrun ki ling jaanch' – determining the sex of the foetus, 'ajanme shishu ki ling jaanch' – determining the sex of the unborn child). While meant to condemn the practice, the use of terms such as infant, child or unborn child may also implicitly equate all abortion with murder and contribute to general confusion about the legal status of abortion among both providers and the general public.

Posters and pamphlets produced by the government to inform the public about the PNDT Act attempted to discourage sex determination by emphasising that the practice went against established legal and moral codes. Government-produced materials stated that sex determination was 'gairkanuni' (illegal), 'paap' (sin) and a 'naitik aprad' (moral crime). Posters also included detailed descriptions of the punishments in store for those who transgressed the law. To reinforce this message, posters and pamphlets used images such as jail doors or handcuffs to invoke fear or potential punishment. However, the reference to what was illegal (or who should be placed in handcuffs or behind a jail door) was vague.

The posters about sex determination produced by the government for the general public used visual images to communicate the potential or lost potential of the girl child. One poster showed a picture of a knife cutting a rose bud. Another poster was more literal and depicted aspirational pictures of women and girls as teachers, doctors, athletes, computer programmers and a farmer driving a tractor. In the corner, the poster depicted a foetus being squeezed in a fist with the slogan 'Garbh mein mujh bachchi ko mat maro' (don't kill me, the female child, in the womb).

The text and visuals of the posters are confusing and offer mixed messages about the legality of abortion. The personification of the foetus reinforces the notion that abortion in general is the murder of an unborn child. Moreover, the posters fail to distinguish between an abortion performed for sex selective reasons and one performed for other reasons (including risk of the health or life of the mother). While the posters implore the audience to make the 'right' choice when considering a sex selective abortion, they fail to underscore that there are some conditions in which a woman may legally choose to obtain an abortion. As a result, the posters implicitly polarise the issue of abortion as a choice between the life of the foetus and the life of the mother.

Press Coverage

We found 15 articles on abortion and sex selective abortion in the Hindi and English press during the period 1997-2002. Only two of these articles focused exclusively on the topic of unsafe abortion. Both articles (one in English and the other in Hindi) reported on the introduction of medical abortion in India and the organisation of a national consultative meeting for this purpose. Both articles described the method in detail and concluded that medical abortion offered a good alternative to a surgical procedure. Both authors also warned of the need for legal restrictions to prevent over-the-counter sale of pills without prescription.

In contrast, there was substantially more news coverage about the topic of sex selective abortion. Thirteen articles addressed various aspects of the issue such as the imbalance in the sex ratios in Rajasthan, the practice of female foeticide and infanticide in Rajasthan and the passage and implementation (or failure to implement) the PNDT Act. The articles about the imbalance in the sex ratio and the practice of sex selective abortion employed census figures and government abortion statistics to make inferences about the prevalence of sex selective abortion. For example, an article published in December 2000 described the increase in total number of abortions reported in official statistics from the government of Rajasthan and attributed the increase to son preference and an increase in the number of sex selective abortions.

In several cases, authors made little or no effort to assess or explain the accuracy or limitations of official abortion statistics or to clarify the proportion of all abortions that are performed for reasons of sex preference. Statements from senior members of the state health department buttressed inferences about the prevalence of sex selective abortions. In one article, an official affirmed that 98 per cent of all abortions could be attributed to female foeticide, a statement not supported by available data.

Producers, Distributors and Providers' Perspectives

In order to understand the processes involved in designing and distributing materials we conducted in-depth interviews with representatives from the government departments and producers working for non-governmental organisations, including the non-governmental service provider that had created the majority of the materials on abortion. We also interviewed representatives of other NGOs who were either using and/or distributing materials on abortion or sex determination/selective abortion.

In general it was found that community and non-governmental organisations had better pre-testing systems and had feedback mechanisms in place. Government IEC departments produced materials but did not have staff or financing to assess and refine existing materials. Both governmental and non-governmental groups outsourced designing, however, NGOs appear to have exercised greater editorial control during the development process. NGOs also had longer-term communication objectives, while the government strategy tended to be more ad hoc, with the IEC department working on several issues such as polio, leprosy, malaria, family planning, reproductive health and sex selection at the same time.

In-depth interviews with representatives of the media revealed that there has not been a systematic and sustained focus on abortion and sex selection. Instead, reporting was more sensational and in response to the release of a government report, change in legislation or a reported maternal death.

During the course of the study, we attempted to assess whether materials were actually disseminated and reached the intended audience. In the public sector, members of the IEC bureaus openly stated that materials were often not disseminated at the community level because of budgetary and logistical problems. Community-based organisations, which did not provide abortion

services but produced materials for use in community-based safe motherhood programmes, also reported limited financial resources for dissemination as well as logistical challenges in circulating and receiving adequate feedback on materials currently in use.

Interviews with abortion providers working in the private, NGO and public sector in the study district, revealed ambivalent attitudes toward public information campaigns and advertising. While providers working in clinics run by the non-governmental service provider clearly saw the need for communication materials to motivate people to make the right choice, providers working in the public sector or private practice did not feel strongly about the need for information campaigns about abortion issues. One provider in private practice explained that she obtained most cases through 'word of mouth' and thus felt no need to advertise her services. Nonetheless, all providers agreed that materials about abortion and sex determination could be displayed in their service settings if such materials were made available.

What People Think: Community Perceptions of IEC Materials

In order to better understand the community's reception of a selection of these materials and develop recommendations for the production of future materials on these topics, we conducted gender-stratified focus group discussions (FGDs) in two rural blocks and one urban location in the study district. Two FGDs were conducted in each site and each group included eight to 10 men or women. Participants were shown a selection of posters, flipcharts and pamphlets and asked to describe their reactions to the materials and any information gained from them. In general, most of the audience was unfamiliar with the materials presented in the focus group discussion. However, several men were familiar with the name of the non-governmental abortion service provider. A few important findings are discussed here.

Respondents' understanding of abortion decision-making processes led them to question some of the messages communicated in abortion materials. In several posters and pamphlets, husbands were shown accompanying their partner for the abortion procedures. While women noted that such images were accurate and could encourage spousal communication about abortion, they also suggested that male involvement should not be considered mandatory. In one focus group, while discussing the issue of sex selective abortion, women underscored that a 'husband should not compel a woman to abortion' and posters should communicate this message to men. Nevertheless, one woman was sceptical about the ability of materials alone to inspire change in her husband's behaviour. As she eloquently stated, 'Bhains to bhains hi rahega' (a water buffalo remains a water buffalo). Men too were sceptical about the ability of materials to induce behaviour change in the absence of other measures, such as more stringent implementation of the law, or better access to services.

In addition, some respondents also felt that the existing materials failed to address important target audiences. Both men and women felt that information should be available to adolescents or unmarried women. One man explained, "It is okay ... telling us not to do sonography and get a female child abortion. But what about boys and girls in college who develop love for each other and the girls get pregnant? It tells us nothing about what she can do".

Men and women also reiterated the need for messages to target older family members given their important role in shaping social norms around abortion and sex preference. One man explained how a couple may desire to conceal the abortion from senior family members and thus seek services from a clandestine provider who may be untrained or provide unhygienic services. He felt informing senior members about the legal status of abortion may help to reduce the stigma associated with the procedure. Similarly, many women felt that elder family members play an important role in perpetuating son preference within a family. Women felt that information directed specifically at these influential members of the family could help mitigate the familial and social pressure that encourages sex selective abortion.

Several materials attempted to communicate where a woman could seek an abortion. To some extent, the materials and the ensuing discussion of these materials did succeed in communicating this message. After viewing two flipcharts on safe abortion one woman noted, "Women would get 'safai' (abortion) done from here and there. But now we know that we should go to a trained doctor only." However, respondents also pointed out that a sahi (true) provider was not available in their area and thus such information served a limited purpose. In addition, some men and women were confused about who qualified as a registered or legal provider or what constituted a registered facility. One man understood the term 'registered' to mean that services were available at free or low cost at such facilities. None of the materials defined or instructed the viewer how to identify a legal, registered or 'sahi' provider.

Finally, respondents were sceptical about the ability of IEC materials alone to change social norms, particularly related to the practice of sex selective abortion. As one man explained, "Even those who do the ultrasound, they too have posters pasted saying that this is illegal. But they do it. They don't give a receipt." Another man observed, "These handcuffs (in the PNDT poster) have not been put on anyone, they have been put only in posters".

Mixed Messages: Legal Abortion, Illegal Sex Determination and People's Perceptions

Our content analysis of the abortion and sex selection materials identified several instances where materials offered vague or confusing messages about the legality of abortion services and the illegality of sex determination. On the one hand, materials about sex selection and the PNDT Act failed to distinguish between abortion performed for reasons of sex selection and those performed for other reasons thus implying that all abortions were illegal or immoral. On the other hand, materials about abortion also included vague reference to the location or definition of 'legal' or 'registered' services and made vague statements about tests (jaanch) offered by abortion providers, which could be interpreted as foetal diagnostic exams.

In interviews, respondents also articulated their confusion about the relationships between these two issues. The vague messages in some of the PNDT materials, coupled with personal ambivalence about the acceptability of the procedure, also appear to compound confusion about the legal status of abortion. After viewing the materials, one woman stated that abortion was 'illegal' even when visiting a 'registered' provider because abortion is 'jiva haya' or murder. After seeing a poster from the government of Rajasthan campaign another man believed the poster was useful "as it communicated that one should not have an

37

abortion as it is 'killing a foetus'. Similarly, one man came to the conclusion that "Abortions are illegal. Both after sex determination and without sex determination. If a young bud is knifed through, then we have crushed her future". The speaker also felt that all abortions were performed for sex selective reasons. Thus he felt that, "If there is no sex determination, there will be no abortions. Abortions only take place after sex determination."

This confusion may also be exacerbated by the actions of public health officials implementing the PNDT awareness campaign. The block health supervisor (responsible for dissemination of government materials) in one district explained that, "We tell people abortions are wrong". The block health supervisor in another district elaborated further, "Abortions are illegal. There is a law against them and they should not take place. ... Abortions take place only after sex determination, not otherwise". One woman hinted at some of the unintended consequences of the campaign against sex determination. She said, "The law was not always there. First there used to be safai. But it was not so hidden. Now that there is a control on this, people do this covertly. Baat bahar out nahi hoti. Now sex determination is done and abortions take place 'chori se' (secretly)."

Conclusion

This paper presents evidence from a small study in one district in Rajasthan. The results are largely exploratory, however, and suggest avenues for further research and material development. While we made a strenuous effort to collect all materials available during this period, this sample may not be comprehensive. In particular, there are likely to be more newspaper articles, radio and television spots related to the topics of sex determination and sex selective abortion. Unfortunately, as the materials were collected over a three-month period, the sample is likely to be of more recently produced materials. We were thus unable to trace whether the tone of messages related to sex selective abortion and issues of sex preference have changed over time. In addition, given regional differences in the practice of sex selective abortion and the implementation of the PNDT Act, the influence the PNDT campaign has had on knowledge of abortion legality is likely to vary by region. Similarly, the availability of abortion-related materials from non-governmental and private providers may vary substantially within and among states depending on the availability of abortion services and community-based reproductive health programmes.

Nonetheless, our study did find an absence of informational material about safe abortion in both the public and private sectors in the study district. A non-governmental provider of abortion services produced the small numbers of materials about abortion. Clearly, the public sector should make a concerted effort to include abortion in traditional safe motherhood education campaigns as well as develop campaigns to inform the public about the legal status of abortion in India and the stipulations of the MTP Act. Such campaigns, however, should be sensitive to public confusion about the issues of sex determination and abortion and design their messages accordingly.

Respondents also provided some useful insights into the content for future safe abortion materials. Both women and men stated they needed information about the location of safe abortion services and the gestational ages at which women could obtain services. Respondents also identified the need for materials directed at adolescents, unmarried women and elder family members who may play a critical role in defining social norms related to issues of fertility and sex preference.

Women, men, providers and communication officers from both government and non-governmental or community-based organisations identified a need for information in simple, comprehensible language. After viewing several posters about abortion and sex selective abortion, one woman commented, 'gaon ki bhasha nahi hai' or this is not the language of the village. Future efforts should communicate these complex messages while avoiding legalistic or technical language.

In addition, efforts should be made to use innovative methods and media for communicating information about both topics. Most of the materials we identified were entirely literacy dependent and thus inaccessible to the non-literate and neo-literate. Generally, men and women felt information about abortion should be communicated through inter-personal communication materials, while messages about sex selective abortion could be better addressed through the mass media. These preferences should be given careful consideration, as the reactions might be motivated by the present availability of materials in these particular media. Limiting abortion-related communication to inter-personal methods could further stigmatise the issue and similarly relegating sex selection-related communication to the wider media would make it easier for people to deny the very existence of the phenomenon in their family, community or village/city. Addressing both topics in both types of media may reduce the shame and stigma associated with abortion and raise awareness about gender discrimination.

Finally, we found that a vast majority of materials available in the public sector or media coverage about abortion addressed the issue of sex selective abortion. Many of the materials produced by the MoHFW used vague or complicated language and employed negative or fear-inducing imagery. In the absence of knowledge of or information about the legal status of abortion, the negative messages and strong language of the PNDT campaign may contribute to the perception that abortion is illegal in India. Our findings clearly indicate that future IEC materials should address the issues of abortion and sex determination simultaneously. Information about the legal status of abortion and availability of abortion services and providers should also attempt to address the gender inequalities and social norms that shape decision-making related to abortion.

Based on the above analysis of the available material, we recommend the following:

(i) Use simple, locally relevant, non-judgmental language.

(ii) While recognising power differentials, messages should address all individuals who influence decision-making related to abortion but break away from the use of stereotypes (for example, that abortion is only acceptable for poor women or women with many children).

(iii) Materials should remove the ambiguity about the legality of abortion services and the illegality of sex determination/selection.

(iv) Campaigns should make an effort to train healthcare personnel and individuals responsible for the implementation of communication campaigns in the content and use of materials.

(v) Communication campaigns should not be viewed as an alternative to improving the quality and availability of safe abortion services or taking more direct efforts to address the gender inequities that inform the demand for sex determination services. EPW

Pregnancy and Motherhood

Dr. Mohd. Uzair

A little care and following some simple precautions can make your Pregnancy and Motherhood an enjoyable and hassle free experience.



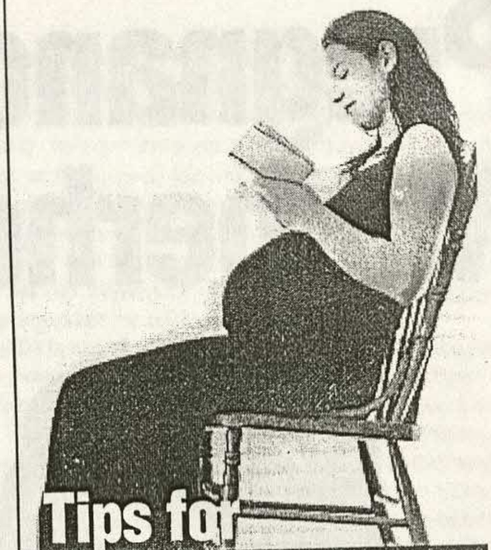
During the first trimester (first three months of pregnancy) women generally complain of nausea, giddiness, morning sickness which are very normal symptoms, but can be irritating at times. Taking dry biscuits in the morning on an empty stomach can ease out these symptoms along with good nourishing diet and plenty of the fluids throughout the day. A simple tablet prescribed by your doctor can also help if the symptoms increases. The second trimester (3rd, 4th, 5th month of pregnancy) is comparatively hassle free and not much needs to be done except eating well and sleeping well along with antenatal exercises.

During the third trimester (last three months) the size of the baby occupies most of the abdominal cavity and there is pressure on the other organs which leads to acidity, decreased food intake, pressure pain, sometimes difficulty in breathing. Regular deep breathing exercises, plenty of fluids, small and frequent meals can be of great help to combat these symptoms.

General Precautions and Care during Pregnancy

- Eat well, take lots of green leafy vegetables, fruits, milk and milk products. Protein and iron rich diet like sprouts, dates, fibres and plenty of liquids.
- Take small and frequent meals.
- Avoid outside snacks containing curd and chutneys.
- Drink boiled or filtered water and carry your own water bottle along with you always.
- Avoid smoking and drinking hard liquor.
- If eating outside, prefer wholly cooked food. Avoid raw vegetables, creams, salads, cut fruits, juices, etc.
- Avoid wearing high heels and travelling for long hours.
- Avoid wearing tight fitting clothes.
- Have adequate hours of sleep and rest, 6-8 hours at night and 1-2 hours during the daytime.
- Go for regular walks for half an hour daily unless contra indicated by your doctor.
- Visit your doctor regularly every fortnight and take the prescribed iron, calcium and vitamin supplements regularly.
- Get your blood test, Ultra Sound (Antenatal) and investigations done as prescribed by your doctor.

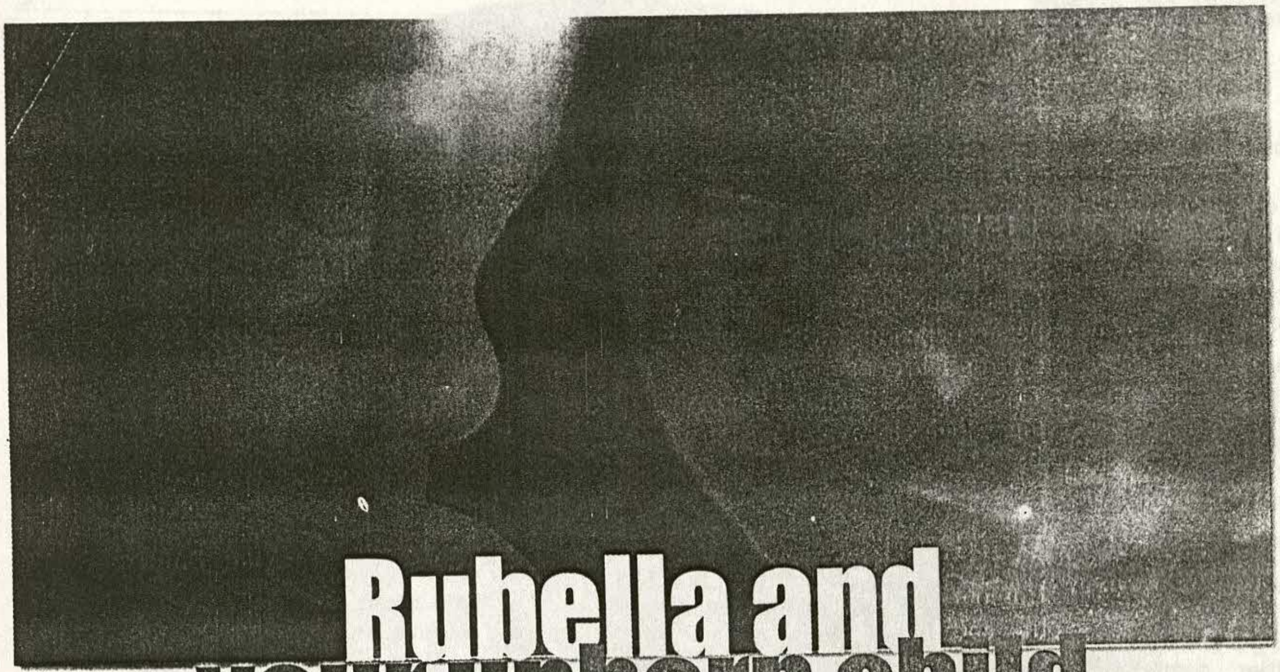




Tips for Motherhood

- Eat a good nourishing diet with high contents of proteins, calcium and iron.
- Take calcium supplements regularly as prescribed by your doctor till the time you feed your baby.
- Breast feed the baby as much as possible.
- Get adequate hours of sleep and cultivate the habit of sleeping during the baby's sleeping hours.
- Consult your doctor regularly. Contraception during lactating period must be used as you may end up with an unwanted pregnancy.
- Try to handle the baby yourself by washing, changing, etc. A good rapport can be created with the baby instead of leaving the baby in the hands of maids.

Dr. Mohd. Uzair
Medical Officer
Sanjeevan Medical Research Centre
4960/24, Ansari Road,
Darya Ganj, New Delhi 110 002.
Mobile: 9871058786



Rubella and your unborn child

This mild disease can cause untold harm to the foetus of a pregnant woman who gets it. Vaccination against it should be made mandatory. By Sudha Hariharan

Agent: The rubella virus.

Source: Secretions of nose and throat of infected persons.

Mode of transmission: Direct contact with patient or droplet spread from patient or indirect contact with freshly contaminated articles.

Incubation period: Usually 14-25 days.

Period of communicability: During the period of early symptoms and at least 4 days thereafter.

Isolation: Where warranted, from first appearance of symptoms until 5 days following appearance of rash.

All girls should have the vaccine against rubella before childbearing period.

That's the deadly rubella in a nutshell! But what really is the deadly virus all about?

Rubella is a viral disease which mainly affects the foetus, if a woman is infected with this virus during the early part of her pregnancy. Infection during this period causes life-long birth disabilities in children.

These defects are severe, the most common of them being deafness, cataract, mental retardation and heart defects. Often, more than one defect manifests itself at the same time and this condition is called the Congenital Rubella Syndrome (CRS).

Since this infection sets in during early pregnancy, all individuals unexposed to rubella are at risk of contracting it. Studies have shown that around 40-50% of women are susceptible to rubella.

What is even more alarming is that an Indian study has revealed that over 2 lakh babies are born in the Indian subcontinent with birth defects because of rubella infection every year. This accounts for one out of every five cases of congenital malformed babies.

Rubella accounted for 26.3% of congenital cataract in Madurai (Tamil Nadu) and in Chennai it was found that it was the probable cause of deafness in 29% of 374 deaf children.

Time of maternal infection		Result	
3-11	weeks	100%	Infected foetus
12	weeks	80%	" "
13-14	weeks	54%	" "
15-16	weeks	35%	" "
23-26	weeks	25%	" "

Symptoms and adverse effects: Contrary to the serious adverse effects that rubella causes, its presenting symptoms are "mild." Patients usually have a mild fever with a slight rash, which is often passed off as some mild viral infection. One-third to one-half of all rubella infections don't produce any symptoms at all, making it more difficult to diagnose.

The onset of rubella early in pregnancy causes not just deformities but also abortion. The birth defects are so severe that children become a heavy social and economic responsibility for parents throughout their lives as they need special care.

41

Moreover, the cost of maintaining these unfortunate children is very high, both for the parents and the health system.

The following table gives the chances of a particular deformity developing in a foetus:

Congenital deformities	Incidence
Hearing loss	60-75%
Heart defects	40-50%
Eye defects	50-90%
Psychomotor retardation	25-40%

Of those affected, 50% will attend school for the deaf and 25% will require special schooling due to hearing problems.

Other common complications which develop later are:

- Insulin-dependent diabetes (20%)
- Deafness
- Motor and mental handicaps
- Language defects.

The rubella virus interferes with the development of organs in the foetus, leading to birth defects. Therefore, the type of deformities and the chances of deformities developing in the child vary according to the time of pregnancy at which the infection develops and the organs developing at that stage.

Unfortunately, there is no treatment for rubella and vaccination is the only way to prevent all these complications. The vaccine was first used in the USA in 1969 following the devastating epidemic of the 1960s. There were a total of 12 million cases of rubella, with over 2,000 cases of encephalitis (swelling in the brain) and 6,250 abortions.

At least 20,000 babies suffered damage due to CRS, including 8,055 born deaf, 3,580 deaf and blind and 1,790 mentally retarded. It was estimated that there would be rubella epidemics every 6-7 years, but ever since the vaccine was used, there have been no rubella epidemics in the USA. In fact, cases of CRS are almost non-existent.

Vaccination schedule:

Children can be protected against rubella with a dose of MMR at 12-15 months. A separate vaccine against rubella is also available which can be used in children as well as adults.

Rubella should be given to:

- All girls at puberty (9 years and above)
- All women of childbearing age and, if missed,
- Post-delivery to protect subsequent pregnancies.

Even males should be given the vaccine because infected males can pass on the virus to females in the family. The vaccine offers long-term protection. Clinical reports state that sufficient antibodies are present in the blood, even 15 years after vaccination.

Several countries have recognised the importance of protecting their citizens against the virus and have included compulsory immunisation through government immunisation programmes. A total of 123 countries, including developing nations like Sri Lanka, have made the vaccination compulsory.

The most compelling reason, apart from reducing disabilities, is the enormous cost-saving that is achieved with the use of this vaccine. In 1994, it was estimated that, in the USA, the total annual cost caused by rubella would have been $601 million without the vaccine as against just $13 million with it.

Some states in India too have taken this step — Delhi and Tamil Nadu, for example, have included MMR in their state-run immunisation programmes. The Government of India, however, has been unable to include this in the national programme because of cost constraints.

In India, the rubella vaccine is manufactured by the Serum Institute of India Ltd (the country's largest vaccine manufacturer) and is available as *R-Vac*. Rubella vaccine can also be given in a combined vaccine as MMR vaccine, known as *Tresivac*. We

Rubella is a viral disease which mainly affects the foetus, if a woman is infected with this virus during the early part of her pregnancy. Infection during this period causes life-long birth disabilities in children.



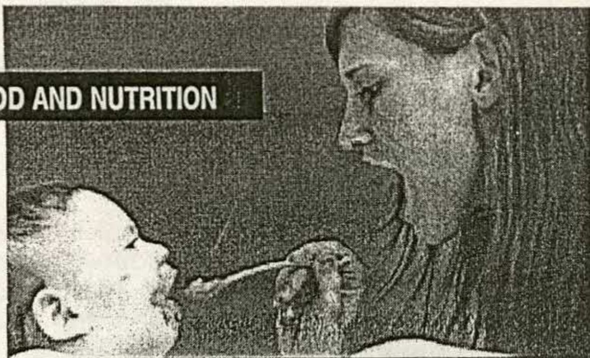
42



Weaning means to accustom. Weaning foods, weaning age is currently the subject of many efforts as a means to reduce morbidity, mortality and improve child health. Breast milk is best and safe, but older babies need extra food and breast milk at the right age and in right amounts to grow and be healthy. Too little food at the wrong time with inadequate nutrients can hinder the growth and health. These essential additional foods should be introduced in the infant's diet around 5 - 6 months of age to meet the additional nutritional needs for their growth and development.

WEANIN FOODS

Weaning is giving family food in addition to breast milk. It's a transitional stage, when a young child's diet gradually changes from a diet of milk alone to a diet based on what the family eats.



SUPPLEMENTARY FEEDING MAY BE DIVIDED INTO 3 STAGES

Liquid supplements

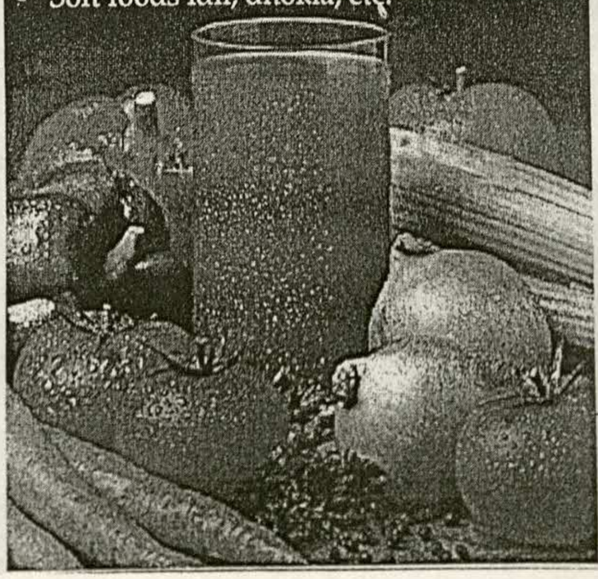
Clear fruit juices (orange, tomato or sweet lime), clear dal, or vegetable soup (palak, spinach, beans), cereal gruels using staples such as rice, ragi, wheat, rava, cereal porridge should be liquid in consistency and preferably made with milk. All soups and juices should be strained to remove fibre as they may otherwise choke the child.

Semi solid supplements

- Boiled and mashed potato, boiled vegetables such as carrot, red pumpkin, etc.
- Mashed fruits - banana, papaya and stewed apple.
- Cereal porridge of a thicker consistency with added vegetables or fruits, rava porridge with mashed banana or semisolid khichdi.
- Boiled soft cooked - preferably the yolk.

Solid supplements

- Boiled and mashed fish or boneless meat or chicken.
- Chapati in milk, vegetable khichdi.
- Bread toast
- Soft foods idli, dhokla, etc.



During weaning a child should continue to be breast fed, since breast milk is an important nutritional supplement to the weaning foods. Weaning is a gradual process by which the infants gets accustomed to the adult diet.

Weaning foods cannot and do not replace breast milk. The number of breast feeds can be reduced, as the baby starts to eat more and more family foods. Both early and late introduction of foods have been linked with child health problems. Introduction before 4 months leads to an increase in the incidence of diarrhoea and increased mortality. Late introduction leaves the child malnourished and more vulnerable to common childhood diseases.

Tips for weaning foods

- Introduce one food at a time. This will tell you if your child is allergic to any particular food.
- Start by giving 1-2 teaspoons a day. Mashed and pureed feeds should be given after breast feeding. If acceptance is a problem, they should be given weaning foods before the breast feeding when the child is hungry.
- The amount given can be gradually increased. The frequency and types of food should also be increased. By 6 months the child should receive 2 - 4 meals a day.
- Use foods of smooth consistency first e.g. mashed fruits, cereal gruel/porridge, well-cooked dal, soft cooked and strained vegetables, strained meat, soft cooked egg yolk, etc.
- Use mild seasoning, preferably little salt to start with.
- Combine leafy vegetable with dal, potato and rice to improve acceptance.
- Serve in a separate plate or bowl to give the child a feeling of independence.

Mrs. Shibani Talpade
B/37, Sea-View Soc, 4 Bunglow Road,
Andheri (West), Mumbai - 400 053.

Abortion among young girls on the rise in Ranchi

PIONEER

19 SEP 2005

Nityanand Shukla

Ranchi

EXPOSURE TO television and movies have led to a change in lifestyles.This leads to changing social values especially among the younger generation. They are more impressionable and at greater risk considering that they are at that stage in life, where the propensity to experiment is greater. Casual lifestyles have their risks and this is evident even in a conservative town like Ranchi, where in recent years termination of pregnancies has seen an increase.

Data collected from various nursing homes and hospitals in and around Ranchi reveal an increase in the number of abortions of unmarried girls. "In 2002-2003, a total of 727 cases of abortion were registered, by 2003-2004 it had gone up to 1,145 and 1,817 cases were registered in 2004-2005. The cases do not take into account those for which there are no records," the data reveals.

Urmila, who works in a nursing home, says, "Most abortions here are of unmarried girls." She adds that "these girls are not ready to listen to any lecture on morality. If we suggest anything they retort rudely." Shanti, who also works in another private nursing home, says, "On an average, we receive 70 to 80 cases of abortion a month. Of these, more than [illegible] are those of unmarried girls."

'In 2002-2003, a total of 727 cases of abortion were registered, by 2003-04 it had gone up to 1,145 and 1,817 cases were registered in 2004-05'

"In recent years I have found that abortions have increased. Most of these cases are of working women and college-going girls," said Pushpa Pandey, a gynaecologist. She continued, "Unsafe terminations can make girls infertile for life. Ideally the girls should avoid getting pregnant before marriage, as a first-time abortion can lead to complications in the future." Her views are also echoed by other gynaecologists.

The doctors also point out that girls generally approach not so well-known nursing homes, or quacks due to the social stigma attached. "These abortions are conducted in unhygienic conditions which raises the spectre of infection and complications," said a doctor, unwilling to be named.

The State should educate these young girls to the considerable risk they run through unprotected sex and also how it jeopardises their future.

45

BODY TALK DR INDIRA HINDUJA IS AN EMINENT GYNAECOLOGIST



ARE VAGINAL TABLETS SAFE?

I have constant white discharge and have been asked by my doctor to insert vaginal tablets for three days. Can you insert these tablets during menstruation? Are they safe to use?

- Ruchira Sharma, New Delhi

Vaginal tablets are quite safe and do not have any side effects. Maintain personal hygiene and wear cotton undergarments. Change them 2-3 times a day. Keep genitalia dry and clean. Avoid using these tablets during menstruation; they may be messy to use and may just be thrown out during this time.

BABY REFUSES BREAST

I am breastfeeding my two-month-old son. Recently, he has started refusing the breast. He feeds for five minutes at a time and then pulls off. If I try to feed him again, he cries. If I leave him alone, he cries again. What do I do?

- Natasha Munir, Chandigarh

If your baby is pulling away from the breast after every five minutes, just leave him alone. He will ask for it when he is hungry. See whether the baby is passing stools and urine adequately. If that is fine, your baby is well. Consult your peadiatrician if the problem persists.

REPEATED MISCARRIAGES

I have been trying to conceive, but have had repeated miscarriages. The first one was in 1997, when I miscarried in the seventh week. After the Torch test, I was prescribed a drug called Rovamycin for three months. I miscarried again a year after. My ANA and prolactin results were positive at that time and I took Aspirin and Bromocriptin for one and a half month. Later, I took HCG injections and underwent insemination (tubal cannulation) with no results. I was also diagnosed with PCOD around this time. Then I started my treatment with Metformin + Chlomiphere + Dexamethasome and conceived last year. But the growth of the baby stopped in the sixth week and I miscarried again. I started the same treatment this year and conceived. But it was a missed abortion in the eighth week. The condition was diagnosed as Trisomy 15. However, all my results are normal - Torch; prolactin; Tubes; Thyroid; VDRL. Will I be able to have a full-term pregnancy?

- Sapna Kaur, Haryana

Since you have had repeated abortions, you should do some more blood tests like ACL, ANA, DNA, Glucose Tolerance test and Lupus anticoagulant. Also do let me know your age. A cytogenetic study of both husband and wife is necessary (as one of the abortions had Trisomy 15). Since your ANA was positive; you should take 5 mg of Folic acid and 75 mg of low dose aspirin daily. As soon as you miss your periods; even by a day or two; you should confirm the pregnancy. Once pregnant, either steroids or heparin therapy should be initiated.

MENOPAUSE INTERFERING WITH PREGNANCY

I'm 42 and was told at the beginning of the year that my follicle stimulating hormone (FSH) levels were too high and to consider IVF. We are now considering egg donation. But I think I may have started my menopause. I have hot flushes, which have become intense; and I missed two periods last year. My last period was in March. Is it possible for me to get pregnant naturally now that menopause has set in? Will egg donation work?

- Trusha Dinkaran, Bangalore

Menopause indicates that the egg reserve in your case is exhausted, which means the chances of your getting pregnant naturally is almost zero per cent. Your doctor has very rightly suggested that you opt for egg donation. In this, certain hormonal tablets are given which would help to increase the lining of the uterus (endometrium). At the appropriate endometrial thickness, donor eggs would be fertilised with your husband's semen; and the resulting embryos deposited into your uterus. This means that once pregnant, you would be the one delivering the child. The success rate would be 40 - 45 per cent for egg donation; provided the endometrium grows well with medicines. Have you considered adoption?

STAGES OF LABOUR

What are the stages in labour? I am 10 weeks pregnant.

- Rukmini Santanam, Kochi

A woman goes through three stages of labour. The first stage is when she experiences pain (minimal cervical dilatation and effacement) till full cervical dilatation (upto 10 cms). This stage may last from 8-16 hours (for a woman who's pregnant the first time). During this stage, a woman will experience contractions - initially mild; later strong - coming every 2-3 minutes; lasting for about 40-50 seconds. The second stage of labour is the full cervical dilatation till the birth of the baby. This usually lasts from half an hour to one hour. This requires great maternal help in the form of pushing the baby out with each uterine contraction. The third stage involves expulsion of the placenta and membranes; which usually lasts for 5-15 minutes.

Mail Your Queries To:
Body Talk
New Woman
C-14, Royal Ind. Est., 5-B Naigaum Cross Rd, Wadala, Mumbai - 400 031.
E-mail: bodytalk@newwomanindia.com

46

MAHARASHTRA

Child Malnutrition

Since 1993, the media has been publishing stories of the high incidence of malnutrition and malnutrition-related deaths from some of the backward districts of Maharashtra. This problem is quite widespread in 15 districts (with a large population of tribals) that are spread across the northern and eastern borders of the state. Now a resident of Amravati has filed an affidavit in court on continuing child malnutrition in the Melghat and Dharni talukas of the district.

Executive failure has brought the phenomenon once again under the judicial scanner. But, here too there is a feeling of déjà vu. In the past, the Mumbai High Court has taken cognisance of the problem, issued directives to the state government, asked it to report back, and so on. It is also not that the matter has been ignored by the state government. In the usual bureaucratic manner of signalling public responsiveness, the state government had earlier this year appointed a committee, chaired by a well known practitioner in the field of social medicine and community health, Abhay Bang, to advise it on how to deal with this distressing problem. The final report of Abhay Bang committee was tabled in the legislative assembly last April. Indeed, in January, the chief minister, Vilasrao Deshmukh, had announced the 'Rajmata Jijau Mother-Child Health and Nutrition Mission' to deal with the problem of child malnutrition deaths that are estimated at 1,75,000 each year in the state.

Is it just a matter of 'lack of political will', as is often made out, that is preventing an end to this unfortunate incidence of child deaths? The chief minister had promised that special panels would be set up at the village, taluka and district levels to monitor deaths. Even 'outcome-oriented auditing' of the death of each child – establishing the cause, assigning accountability and learning from each episode – was mooted. This, it seems, has not happened. But is it just due to a 'lack of political will'?

A large number of the deaths have been due to childhood pneumonia and diarrhoea-related diseases even though a number of instrumentalist cures are at hand. For instance, for treating childhood pneumonia in rural areas, it has been suggested that all that is required is to train the 'dhais' (traditional birth attendants) to use a breath counter to measure the respiratory rate to diagnose the disease, and then treat it with simple antibiotics. Again, to deal with the problem of newborn mortality, which is very high, all one has to do, it is argued, is to provide nutritional supplements to pregnant women, train mothers to take care of low-birth-weight babies, and a few more do's. Failure here is again attributed to a 'lack of political will'.

Can we instead see the problem as rooted in chronic landlessness, ruthless exploitation by the landlord-moneylender-contractor and domination by the various state functionaries like the forester, the policeman and the governing politicians? Abject poverty, illiteracy, eviction from the forests, unemployment and underemployment in the context of the failure of the Employment Guarantee Scheme, the breakdown of the Public Distribution System, failure of the Integrated Child Development Services scheme, inadequate health services, lack of water supply and sanitation, and massive corruption in programmes meant for tribal welfare all cry out for redress. In the age of telemedicine what we have in the tribal hinterland is a practically non-existent communication network. And, as if all this were not enough, peasant suicides and agrarian distress have also hit the people hard in the cotton belt of Vidarbha and in Marathwada.

The larger problem, of which a high incidence of child malnutrition and malnutrition-related deaths is but a mere symptom, is that Indian capitalism reproduces a few islands of wealth amidst vast stretches of misery and degradation. On the one hand, witness the international marketing of India as a preferred medical tourist destination, with health care in a few state-of-the-art hospitals where a heart surgery or a bone marrow transplant is done at one-fifth the price in the US. On the other hand, there is the utter neglect of the public health system and the consequent poor quality, low-end-of-the-market private medicare that the vast majority of the people, given their inadequate purchasing power, are forced to avail of. The dismal state of public health and social welfare infrastructure in the backward districts from where the malnutrition-related deaths have been reported is a systemic outcome of these trends.

For those in high places, it perhaps doesn't seem to matter if, metaphorically speaking, some tender leaves are just cut off. EPW

47

D.C

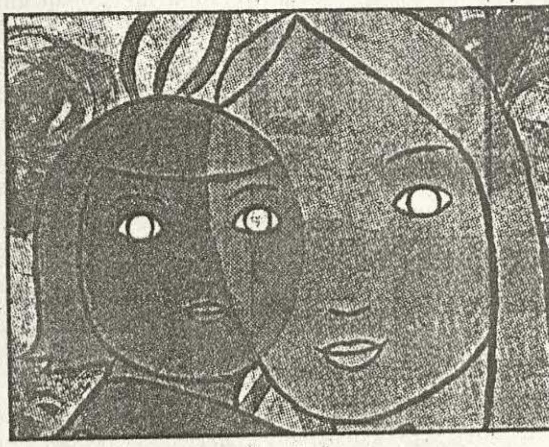
Fertility rate falls in AP

M. SAI GOPAL | HYDERABAD

The total fertility rate (TFR), which is the number of children born to an average woman during her reproductive age (15-49 years), has been decreasing over the years in Andhra Pradesh. Explaining this decline in fertility rates, Dr Aruna Rachel, gynecologist at the Niloufer Hospital says, "Environmental pollution, lifestyle changes and eating habits have a direct effect on peoples' health. Lately, many young women are diagnosed with polycystic ovaries. This leads to failed pregnancies. Men too are being diagnosed with oligospermia (less number of sperms). Another reason is the rise in literacy levels that has made couples aware of their socio-economic conditions, the result of which they plan their babies. No longer do they allow it to take the natural course."

There are other factors too that are responsible for the low fertility rate. During the 70s women gave birth to around five children but now the number has gone down to 2.25. Many surveys and research papers from the National Family Health Survey-II (NFHS) and International Family Planning Perspective during 2004 show that more and more women today opt for sterilisation by the age of 23. During the 90s, the age was 25 years.

In fact the NFHS and the IIHFW did a survey on 4,000 households, which were randomly selected from various parts of the State. These studies indicated that this decline has occurred in both urban and rural areas at the same speed during the past three to four decades. They even suggest that the reproductive span, that is the duration between a first marriage and menopause or sterilisation has decreased from 24.5 years to 13.6 years in AP.



"These are the average figures and they indicate that women are marrying early and are planning their children at the right time. The gradual compression in the reproductive span is mainly attributed to younger women opting for sterilisation. But Kerala and Tamil Nadu have a TRF of 1.8, so we still have a lot of catching up to do," says, pediatrician Dr N.C.K. Reddy. If the present TFR figures are anything to go by, the State is close to achieving a breakthrough in the control of population.

48

27/9/05 H

Fighting weight gain, post delivery

FITNESS FOR LIFE Postpartum exercise is a must for women who wish to get back to normalcy

Women find it difficult to exercise in the postpartum phase, and some wonder whether with all the breastfeeding, sleeplessness and constant tiredness, postpartum exercise is even necessary or safe. But exercise is necessary in the postpartum period, even if it is difficult. Women who have not reached pre-pregnancy weight by six months postpartum are likely to retain the excessive weight. Postpartum exercise builds up a new mother's cardiovascular fitness and mental health and prevents the post-delivery weight retention that leads to obesity.

Pre-pregnancy weight and exercise habits, weight gained during pregnancy, and the numbers of previous pregnancies are indicators of whether a woman is likely to retain weight postpartum.

The competing demands of career, newborn and home life make it all but impossible for new mothers to find time for exercise. Strollers allow one to walk without losing sight of the baby, and treadmills and exercise videos can enable exercise at home.

Weight gain and decreased activity during pregnancy decondition a woman to exercise. Relaxin hormone makes ligaments lax during pregnancy and its effects persist up to three months after delivery.

Postpartum women should begin walking and other gentle exercises as soon as the wounds of labour have healed. Women who have had pree-clampsia, third-degree tears during labour, and caesarean sections need to consult their gynaecologist about when to begin exercise after delivery.

Breastfeeding does not promote postpartum weight loss, presumably because calorie intake rises to match this loss. So women need to walk, even if they are breastfeeding. Studies show that regular aerobic exercise has no adverse affect on lactation. And the growth of infants who were exclusively breastfed was not affected by maternal weight loss of half-a-kilo per week in the three months immediately after delivery. However, lactic acid levels rise in breast milk after exercise, and newborns sometimes refuse this milk; the best solution is to exercise after feeding the baby.

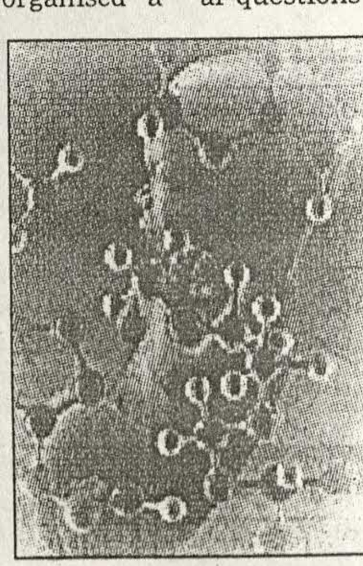
Stress incontinence is a problem with increased parity, and prolonged and traumatic labour. Voiding immediately before exercise, avoiding caffeine for several hours before working out, and wearing a tampon during exercise to increase urethral support can reduce this. Isometric exercises that strengthen the pelvic floor muscles reduce stress incontinence in over 50 per cent of women who have the condition.

RAJIV M.

Indian Americans join hands against female foeticide

New York: Three organisations of Indian Americans have come together to plead support for a movement against female foeticide in India.

The three organisations - India League of America, The Organisation for Universal Communal Harmony (TOUCH) and NRIs for Secular and Harmonious India (NRI-SAHI) - organised a meeting here that discussed various issues related to female foeticide.



Addressing the meeting, New Delhi-based social activist Swami Agnivesh called upon the Indian Americans to channel their expertise and resources to fight the problem.

He said female foeticide was a major social problem in India that needed urgent attention. Agnivesh also announced his plans to take a group of religious leaders of all faiths on a 'yatra' (march) to increase awareness among people to protect the unborn girl child. The yatra is scheduled to begin at Navsari in Gujarat on Diwali on Nov 1 and end at Amritsar in Punjab on Nov. 15.

"We need to change the mindset of our people on this issue among all classes," Agnivesh said. "We cannot depend only on implementation of law, since people do not follow the rules. There is a need to sensitise them on this issue," he added.

Agnivesh answered several questions from the audience at the meeting chaired by Thomas Abraham of India League. Sushila Gidwani-Buschi of TOUCH said in her welcome speech that the Indian Americans were taking greater interest in social issues in India. NRI-SAHI coordinator Shrikumar Poddar promised full support from Indian Americans to Agnivesh in his efforts.

Agnivesh is currently touring different cities in the US to mobilise Indian community support for this cause. He will address meetings in Boston, Atlanta, Chicago and Detroit. IANS

Males averse to sterlisation

26/9/05 DC

By OUR CORRESPONDENT

THE BOTTOM LINE

Hyderabad, Sept. 25: Is the State department of health and family welfare male chauvinist?

It appears so, if one were to go by the emphasis being laid by the department on female sterilisation rather than male sterilisation.

Since 1977, the number of males opting for vasectomy has been declining while during the same period an increasing number of women have opted for tubectomy.

The National Health Policy of 2002 clearly states that there is a need for achieving parity between male and female sterilisation because of the increased side effects women have to face once they undergo tubectomy and reach menopause.

The National Family Health Survey I and II and research studies released by the Indian Institute of Health and Family Welfare indicate that female sterilisation rose from 38.5 per cent 53 per cent in the State while male sterilisation declined from 6.5 per cent to 4 per cent.

Officials, who have done this study based on responses from 1,000 people in Warangal, Karimnagar, Visakhapatnam and East Godavari districts, point out that family pressures continue to be the main reason for the increased number of tubectomies. There have been less number of number of male sterlisations in Anantapur, Mahbubnagar, Guntur, Srikakulum and Prakasam while Karimnagar and Warangal registered highest number of vasectomies.

This indicates that the awareness campaigns run by the governments to increase the number of vasectomies have failed to yield desired results.

"In 2004, the department has conducted around six lakh tubectomies and 40,000 vasectomies," a research associate working in the Indian Institute of Health and Family Welfare said. "Males of coastal AP are totally averse to sterlisation. The concentration of the officials should be more in those areas," the associate opined.

51

SUNDAY 11 SEPTEMBER 2005

D·C

Morning after pills are unsafe

M. SAI GOPAL | HYDERABAD

Before women start rejoicing over the availability of morning after pills over-the-counter, here's a word of caution. It's not a substitute for contraceptive pills and should be taken very sparingly.

Gynaecologists advise women to take a pill within 72 hours of indulging in unprotected sex to avoid pregnancy. But this does not mean one can reach out for a pill after every unplanned sexual encounter. If used more than four times a month, the menstrual cycles will get adversely affected, leading to several complications.

There are other dangers too. During the first three to six months of usage, the bleeding patterns become irregular. In addition, the morning after pill also leads to skin problems, back pain, headache, mood swings, stomach cramps and even nausea.

Sometimes, women throw-up within an hour of taking the pill. In such cases, they should immediately consult a doctor. Women with high blood pressure, diabetes, migraine headaches and regular smokers should consult a doctor before taking this pill. Director and gynaecologist, at Kirloskar hospital,

Ms Meena Ogale, says, "It is fine to pop the pill a couple of times maybe, but if a lady plans to increase the dosage, she must a consult a doctor.

TURN TO PAGE 19

Morning after pills are unsafe

CONTINUED FROM PG 17

These drugs have an active compound Levonorgestrel which is a pure form of Progesterone and if this is used more than three or four times a month, the hormonal cycle will be totally disturbed."

Experts are wary about the Health Ministry's idea of making morning after pills available in drug stores without the need for a prescription. At least the pharmacists must advise customers on the side-effects of using this drug, doctors say.

Says gynaecologist, Mrs. Kodati Vijaylakshmi, "Frequent abuse of these pills will disturb the menstrual cycle. Once the periods become irregular, it would very tough for doctors to bring the cycle back to normalcy. If women are actively taking these pills, they should consult a doctor and take proper advice."

Polio eradication in sight: report

26/9/05

The country is recording its lowest ever rate of transmission

Special Correspondent

NEW DELHI: India could be finally on the threshold of eradicating polio, with far lower number of cases being reported so far this year compared to last year and the cases also remaining mainly confined to some pockets in Uttar Pradesh and Bihar.

The Global Polio Eradication Initiative, a joint forum of World Health Organisation, UNICEF, Rotary International, the United States' Centre for Disease Control and Prevention and national Governments, has, in its latest monthly report, expressed confidence that "India could be polio-free within months."

In its September report, the GPEI noted that "India is recording its lowest ever rate of transmission. Data from areas using monovalent oral polio vaccine type 1 continue to show strong results."

National Technical Adviser to the Government on polio eradication, Shoban Sarkar, said there have been only 30 cases so far this year as against 54 cases for the same period last year and these were mainly focussed in Badaun and Bareilly districts in Uttar Pradesh and Araria and Purnea districts in Bihar.

- **Only 30 cases so far this year against 54 for the same period last year**
- **Bihar, U.P. working to eradicate the disease**
- **Of the three types of polio virus, type 2 has already been eliminated**

A most important aspect was that the State Governments in both Uttar Pradesh and Bihar were working more intensely to eradicate the disease and the expectation was that the country would be able to achieve the goal of zero transmission of the cases by the end of the year.

Speaking to *The Hindu* on Sunday, on a day when the pulse polio programme was organised in high-risk areas in north India, he said of the three types of poliovirus prevalent in the country, type 2 has already been eliminated and there were only a few cases of type 3. From April, an intensive campaign has been going on in different parts of the country using the monovalent vaccine against type 1 and the results have been quite encouraging. If the authorities are able to control the type 1 virus over the next two months, there is a plan to launch a campaign using the monovalent vaccine against type 3 virus to eliminate all remnants of the virus.

Huge savings

Elimination of polio would mean not only saving children from the crippling disease, but also huge savings in financial terms. The global community has so far spent $4 billion on the world-wide campaign against the disease, which has been going on for the past 17 years. In India alone, Rs. 1,000 crores ($230 million) is being spent this year for polio eradication. At present, there are only six countries that are polio-endemic — India, Pakistan, Afghanistan, Egypt, Niger and Nigeria.

According to a recent WHO report on the financial aspects of polio eradication, the world could save at least $1 billion in vaccine and its administration besides protecting children from the crippling effects of the disease. "Nearly five million children are walking [today], who would otherwise have been paralysed by polio."

53

FOCUS | Jacques Diouf

Deal with hunger first in fight against poverty

7/9/05DC

When the world's leaders gather in New York for the World Summit this month, they will be subjected to a barrage of special pleading and advocacy. But the voice they probably will not hear is the most important one: that of the poor and hungry struggling to raise and feed their families on a parched patch of land in the developing world.

They are among more than 850 million chronically hungry people worldwide. And their plight is what it is really all about.

Can we continue to live with the scandal of great wealth and conspicuous consumption coexisting with misery, malnutrition and early death?

Can we really be surprised if such injustice produces a lost generation bent on violence and destruction?

The Presidents and Prime Ministers coming to the summit will be reviewing progress towards achieving the eight Millennium Development Goals agreed five years ago. The first is the reduction of the incidence of extreme hunger and poverty.

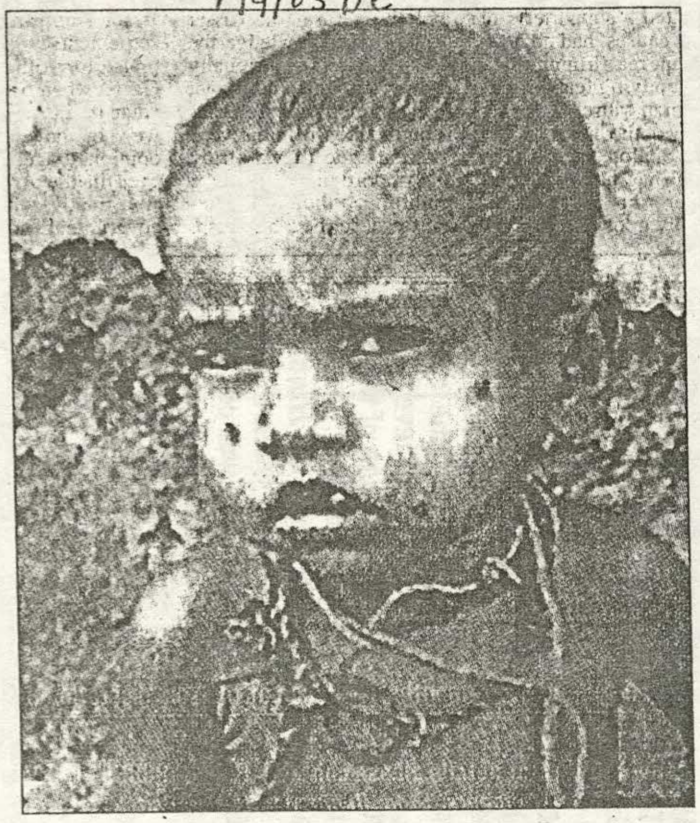
It is the critical one, because unless it is achieved, the others will fail too.

Hunger and poverty are inextricably linked: hunger is not only the most obvious manifestation of poverty, but it is also one of its principle causes. There is a vicious spiral at work that condemns millions and millions of our fellow citizens to short, stunted, unfulfilled lives.

The key battleground in the fight to eradicate hunger and poverty is the countryside. After all, three quarters of the 1.1 billion people living on less than a dollar a day live in the rural areas of developing countries and depend on agriculture for their survival. The logic is, therefore, inescapable: invest in agriculture and rural infrastructure. It is inconceivable that progress can be achieved without renewing the global commitment to agriculture and the rural economies of poor countries.

Yet, over the past 20 years official development assistance going to these sectors in the poorest countries has been cut by more than half, from $5.14 billion to $2.22 billion. The numbers speak for themselves.

Despite this, more than 30



developing countries, with a total population exceeding 2.2 billion people, have succeeded in reducing the numbers of their undernourished by more than 25 per cent. And they all achieved significantly higher growth in agricultural GDP than the developing countries as a whole. Once again, the numbers say it all.

But the success of these countries is threatened by continuing injustices in the world trading system.

With industrialised countries supporting their agriculture to the tune of nearly $1 billion a day, international commodity prices are driven down and farmers in the poor countries find themselves being undercut in their own markets.

In Hong Kong in December, trade negotiators will try to find some way to address these issues. Will liberalisation of agricultural trade in some cases threaten food security and the alleviation of rural poverty? Will protection of the agricultural sector by poor countries sometimes be justified to ensure food security? And what are the most appropriate policies for ensuring food security while moving towards a more liberal trade regime?

There has been much talk about level playing fields — but there is a long way to go before we achieve such a desirable state.

Meanwhile, we continue to watch on TV and read in newspapers the plight of children dying because of drought in Niger and the Sahel. And after the usual blaming game, we rush in food aid, at huge logistical cost. Then we wait for the next crisis, without addressing the root causes of the problem by building the essential water control systems and rural infrastructures. The economic cost of doing nothing about hunger is tremendous: if hunger persists at current levels, every year it will cause deaths and disability in developing countries with the related loss of productivity amounting to a staggering $50 billion.

The human cost is appalling too; every year without progress costs five million children their lives.

The writer is director-general, Food and Agriculture Organisation, United Nations

54

Instrument for poverty alleviation

20/9/05 H

COMBINES THEORETICAL REFLECTIONS AND CASE STUDIES ON MICROFINANCE



MICROFINANCE CHALLENGES — Empowerment Or Disempowerment Of The Poor?: Isabelle Guerin, Jane Palier — Editors; Pub. by French Institute of Pondicherry, 11, St. Louis Street, PO Box 33, Pondicherry-605001. Rs. 450.

Sridhar Seetharaman

This book is the outcome of the international conference 'Microfinance and Empowerment' held in January 2004 at the French Institute of Pondicherry, in partnership with the Laboratoire Population – Environnement – Developpement (IRD – Universite de Provence) and supported by the Institut de Recherché pour le Developpement and Centre National de la Recherché Scientifique.

Organised into three parts — Definitions (seven papers), Environment (five) and Evaluation (11) — the book by combining theoretical reflections and case studies on microfinance, attempts to present to some extent, the state of knowledge centred on the Indian context, and more particularly on South India, besides contributions from Bangladesh, Indonesia and The Philippines.

Solidarity-based economy

Microfinance is a potential instrument for poverty alleviation and empowerment, and involves provision of small loans, savings and insurance to the poor, especially women. Recognising that microfinance projects occur endogenously, the authors have attempted to think of empowerment using the French concept of 'solidarity-based economy' which is reflected in the authors not speaking about 'empowerment', but of 'disempowerment' or even 'overempowerment', so vividly portrayed in the front cover.

A wide range of institutions like the National Bank of Agriculture and Rural Development (NABARD), the Reserve Bank of India (RBI), commercial banks, cooperatives, donor/apex agencies and third sector organisations involved in the promotion and/or delivery of microfinance confront enormous and varied challenges.

For those at the nascent stage, the challenge is one of getting a clear understanding about microfinance and poverty alleviation. For institutions, which have been working for sometime, the major challenge is one of streamlining and scaling up their operation for a larger impact.

An effective scaling-up, would itself address, several crucial issues. Further structural constraints (in terms of reach and sustaining quality), and legal and regulatory framework are other critical issues needing urgent attention. Being so, expecting the poor to pull themselves out of poverty through entrepreneurship only leaves the systemic inequalities and factors that create poverty unchallenged.

Issues to be addressed

In retrospect, we need to ask ourselves, "Is microfinance just another hapless victim of the voracious Scylla and Charybdis of the oceanic expanse of rural India or can it actually manage to provide timely credit to the rural poor in a sustained manner that benefits the poor as much as the providers? Will microfinance prove in time to be an Odysseus? Or an interloper that will end up three decades later in the usual way: another wave of dud institutions that neither dies nor heals?" These aspects could have been addressed in the contributions to the book.

Sustainable market-based microfinance initiatives form a key component in creating sound financial market structures; but in a country as large and heterogeneous as ours, it would make sense to keep expectations modest, monitor alertly and adapt as needed, and on the legal and regulatory front stay flexible but make haste slowly instead of allowing the juggernaut of 'targets' to stream roll quality, generate compromises and myopic behaviour on the part of the stakeholders.

Notwithstanding the above observations, this book is a useful addition to this emerging area. Pioneering work done by the International Monetary Fund (IMF) and the International Fund for Agricultural Development (IFAD) at the international level, the Planning Commission, the NABARD and the RBI at the national level and by the Tamil Nadu Corporation for the Development of Women through its 'Mahalir Thittam' programme at the state level, if included, would have provided insightful observations into the latest thinking on this aspect besides adding more value to the book.

Academicians and practitioners of rural development and more particularly those involved in understanding the critical issues related to microfinance should find the book useful.

55

POVERTY, BASIC NEEDS AND RURAL LIVELIHOOD

B. K. Pattanaik

The prime responsibility of a nation is to provide basic amenities to its people and raise their quality of life. People have certain basic needs without which life would be impossible and these "life sustaining" basic human needs include food, shelter, health and protection. Employment creation in the rural informal sector, creation of self-employment and increase in income through the diversification of agriculture and promotion of allied sector and small scale and cottage industries would be helpful in the eradication of poverty besides ensuring basic needs.

Development has to do with people's well-being, quality of life and a natural environment and must be refined as an attack on the chief evils of the world today such as malnutrition, diseases, illiteracy, slums, unemployment and inequality. The basic function of all economic activities, therefore, is to provide to as many people as possible the means of overcoming the helplessness and misery arising out of food, shelter, health and protection. The prime responsibility of a nation is to provide basic amenities to its people and raise their quality of life. As Ghosh has rightly remarked,people have certain basic needs without which life would be impossible and these "life sustaining" basic human needs include food, shelter, health and protection.

Since 1970s, the basic needs concept has been a dominating element in the development debate. The concept 'basic needs' gained its first international recognition under the Declaration of Cocoyoc as a result of a symposium, organized by the United Nations Environment Programme (UNEP) and the United Nations Conference on Trade and Development (UNCTAD). However, way back, the United Nations Charter in 1945 and the Universal Declaration of Human Rights in 1948, had also emphasized certain rights basic to human needs. These are right to work, free choice of employment and protection against unemployment and right to standard of living adequate for the health and well-being of individual and family including food, clothing, housing, medical care and free education at the elementary and fundamental stages. The International Labour Organization (ILO) has been insisting on incorporating the basic needs strategy in the development plans for developing countries. According to the Organization, the basic needs include two elements. First, they include certain minimum requirement of a family or private consumption: adequate food, shelter and clothing are obviously included, as would be certain household equipment and furniture. Second, they include essential services provided by/and for the community such as safe drinking water, sanitation, public transport, health and education facility.

The philosophy of 'basic needs' in India can be traced back to the early 60s when Pitamber Pant in the Planning Commission studied the problem of poverty alleviation in terms of providing at least a 'minimum level of living' for the entire population. However the 'basic need' concept got adequately reflected in the Fifth Five Year Plan (1974-79) document. The plan document envisaged a minimum needs programme which included elementary education, adult education, rural health, nutrition, rural water supply, rural housing, improvement of urban slums, rural roads and rural electrification.

Rural Poverty

India's first Prime Minister Pandit Jawaharlal Nehru had said that "after the attainment of independence, our urgent task has been to devote ourselves to the economic betterment of our people, to raise their standard of living, to remove the curse of poverty and to promote equality and social justice. The extent to which we succeed or fail in this great task will be the measure of our achievement..." The 189 countries of the world leaders at the United Nations Millennium Summit in September. 2000 adopted the Millennium Declaration, committing themselves to do their utmost to achieve key objectives of humanity in the 21st Century, including

eradication of poverty, promoting human dignity and achieving peace, democracy and environmental sustainability. Customarily, poverty stands as a culprit at the back of all socio-economic evils such as illiteracy, ill-health, malnutrition, insanitation, etc. and eradication of poverty is fundamental to eradication of socio-economic evils. The pressure of poverty is more pressing in rural areas as compared to urban areas and more pervasive in case of Scheduled Castes and Scheduled Tribes as compared to General Castes. The World Bank, in one of its reports,has mentioned " the poverty imposes an oppressive weight on India, especially in rural areas, where almost three out of four Indians and 77 percent of poor live." While giving an account of rural poverty Vaidyanathan mentioned "poverty incidence shows large variation across states. In 1993-94 rural poverty incidence varied from about 2 percent in Punjab to 58 percent in Bihar and about two fifths of the country's rural poor are concentrated in Bihar, Orissa, Madhya Pradesh and West Bengal." The landless SCs and STs, lower caste and economically weaker sections of minorities, landless women headed households, other backward castes engaged in casual labour activities in rural areas are suffering from deeper poverty. The Planning Commission poverty data has revealed that the poverty ratio has significantly reduced in Andhra Pradesh from 31.7 percent in (1987-88) to 10.5 in 1999-2000. Whereas in Bihar, it has risen from 40.8 percent in (1987-88) to 44.0 percent during 1999-2000. In the same vein, poverty ratio in Orissa has remained more or less stagnant as high as 47 percent. The stark dissection reveals that both Orissa and Andhra Pradesh are more or less situated in same agro-climatic zone, but the progress of the later in terms of reducing poverty is astounding. Effective implementation of various poverty eradication programmes, comparatively good governance, diversification of agriculture, casual employment complemented by self-employment, gainful engagement of women in income earning activities, greater community and political will, and upright social development and thinking on developmental connectivity with other south Indian states may be some of the responsible factors in reduction of poverty in Andhra Pradesh. Looking at Orissa and Bihar, the axiom that " the state is poor because it is poor" befittingly fits into these states. People of the states have either developed complacency on the level of their development or do not have necessary attitude and will power to overcome the jinx of remaining at the lower rungs of the ladder of national poverty.

Rural Basic Needs

Jawaharlal Nehru once told "political and economic theories and doctrines are important as they are presumably based on knowledge and experience. But if they are to be worthwhile, they have to satisfy basic human needs. It is pathetic that these basic human needs are not satisfied in India and in many other countries, for a vast number of people today." Amartya Sen, the Nobel laureate has said that it is a mistake to view hunger in terms of food deprivation only. The capability to be nourished depends crucially on other characteristics of a person that are influenced by such non-food factors as medical attention,

Table-I

Percentage of Rural Poor in Fifteen Major States

States	% of Rural Poor	Rank*	States	% of Rural Poor	Rank*
Andhra Pradesh	11.05	12	Maharashtra	23.72	7
Assam	40.04	3	Orissa	48.01	1
Bihar	44.30	2	Punjab	6.35	15
Gujarat	13.17	11	Rajasthan	13.74	10
Haryana	8.27	14	Tamil Nadu	20.55	8
Karnataka	17.38	9	Uttar Pradesh	31.22	6
Kerala	9.38	13	West Bengal	31.85	5
Madhya Pradesh	37.06	4	India	27.09	

Source:-National Human Development Report, National Planning Commission, Government of India.

57

provision of health services, basic education, sanitary arrangements, provision of clean water, eradication of infectious epidemics and so on. Even after three decades of the implementation of Minimum Needs Programme (MNPs), 1974, a colossal percentage of rural population particularly living in economically weaker states of Bihar, Orissa, Uttar Pradesh, Madhya Pradesh and West Bengal are devoid of basic needs. In colloquial Hindi,basic need is better described as *roti, kapda aur makan* (food, clothing and shelter). Besides these inevitable basic needs, other needs, which are basic to minimum levels of living, are elementary and primary education, primary health care, nutrition, sanitation, safe drinking water, roads and electricity. In this paper an attempt has been made to calculate the simple Rural Basic Need Index (RBNI) for fifteen major states of India. The eight variables selected for the calculation of RBNI are; (i) rural literacy rate which represents education; (ii) rural life expectancy rate, reflecting the health status; (iii) percentage of pacca house in rural areas; (iv) percentage of rural household having access to safe drinking water (piped + tubewell + handpump); (v) percentage of rural household with latrine; (vi) percentage of rural household with electricity; (vii) percentage of village with rural road and (viii) percentage of household with drainage system for the passage of waste water.

Education and Basic Need

The International Labour Organisation emphasized that education is itself a basic need and equality of access to educational services, particularly in rural areas is therefore an important ingredient of a basic need strategy. Lack of access to education denies many people and particularly women, the opportunity to

Table-II

Basic Needs Indicators of Fifteen Major States

States	i*	ii*	iii*	iv**	v**	vi**	vii**	viii**
Andhra Pradesh	53.33	61.0	85.56	32.60	59.65	18.15	58.57	76.85
Assam	60.92	55.6	99.72	5.40	16.54	59.57	85.00	56.80
Bihar	44.42	58.7	72.45	17.50	5.13	13.91	65.14	86.11
Gujarat	58.53	60.5	99.39	36.70	72.12	21.65	86.35	76.87
Haryana	*63.82*	62.9	99.36	72.50	78.50	28.66	28.28	81.13
Karnataka	59.68	61.3	100.0	28.70	72.16	17.40	64.61	80.52
Kerala	90.05	72.8	99.35	54.50	65.53	81.33	84.01	16.88
Madhya Pradesh	58.10	53.7	58.49	13.30	62.32	8.9	80.16	61.51
Maharashtra	70.84	62.8	98.52	34.10	65.17	18.21	58.86	68.42
Orissa	60.44	56.1	82.69	10.20	19.35	7.71	85.15	62.88
Punjab	65.16	66.7	100.0	67.80	89.49	40.91	21.92	96.91
Rajasthan	55.92	57.5	93.79	46.30	44.02	14.61	76.83	60.45
Tamil Nadu	66.66	62.2	100.0	36.40	71.18	14.36	72.64	85.29
Uttar Pradesh	53.68	56.3	48.90	32.20	19.84	19.23	35.01	85.46
West Bengal	64.06	60.8	64.50	15.60	20.27	26.93	84.09	86.99
India	59.21	59.4	78.04	29.20	21.92	43.52	65.82	73.23

Notes:- (i) Rural Literacy Rate; (ii) Rural Life Expectancy Rate; (iii) Rural Roads; (iv) Percentage of Pacca Houses in rural areas; (v) per centage of houses with electricity in rural areas; (vi) per centage of houses in rural areas with latrine; (vii) per centage of houses in rural areas having connectivity for waste water; (viii) per centage houses with safe drinking water (Pipe+hand pump+ tubewell)

Sources;- *National Human Development Report-2001, National Planning Commission, Government of India: **Census of India-2001.

58

participate fully and meaningfully in the social, economic, cultural and political life of the community World Bank advocated that (i) education is a basic need in it self, (ii) education is a means for meeting other basic needs, and (iii) education is an activity that sustains and accelerates overall development. Amartya Sen had remarked that the solution to all problems be they related to the economic development or population, lies in education. Education is one of the fundamental instruments in the hands of human being, which helps in the promotion of human capabilities to acquire all other basic needs. Ironically, even after more than 50 years of independence and planned effort in education sector, nearly one-third of the population or close to 300 million persons in age-group 7 years and above are illiterate (National Human Development Report, 2001.) Moreover, of the 60 million still out of school, 35 million are girls. States with low female literacy are Bihar, Uttar Pradesh and Rajasthan and enrolment figures at primary and middle school levels point to a massive gender gap in Bihar and Uttar Pradesh. Bulks of illiterate are residing in rural areas and largely belong to the Scheduled Castes, Scheduled Tribes, and economically backward minorities and are girl children. Poverty, cost of education, negative attitude of parents towards girl child education, lackdaisical school environment, heavy load of text books malnutrition, teacher absenteeism, etc. are a few among host of other factors specific to caste, ethnicity and local conditions deterring proliferation of literacy and universalization of elementary and primary education in rural areas. Another gloomy feature of education is that even if there is cent percent enrolment at the primary stages, the dropout and absenteeism rates are very high because of engagement of children in child labour activities, sibling management and other household activities. The states of Bihar, Andhra Pradesh, Rajasthan, Uttar Pradesh and Madhya Pradesh, where literacy rates are falling below



Radhakrishna Rao

Solution to all problem be they related to the economic development or population lies in education (Amartya Sen)

the national average have to invigorate primary education and literacy programmes in the states.

Health and Basic Need

The preamble to the Constitution of the World Health Organization states that " the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition." The Government has been making honest endeavours to provide primary health care services to its countryside population through a chain of health centres such as sub-centre, Primary Health Centres (PHCs) and Community Health Centres (CHCs). These centres also lack adequate manpower, medicines, equipment and hygiene. Moreover, the health and health-related personnel are not adequately motivated to work in rural areas, resulting in absenteeism, irregularities and shorter hours working just to do formality in many cases. As a result, mortalities and morbidities are occurring in good numbers in rural areas as compared to the urban areas. A large percentage of rural people are still being served by quacks and RMPs at their doorsteps. They provide both medicine and consultancy at a cheap cost. The inept handling of these referral cases by these medical practioners has resulted in infant and even maternal mortality. Because of unhygienic conditions and practices, many rural women and even unmarried girls are suffering from reproductive tract infections. The nutritional anaemia is quite high among rural women and most particularly among the pregnant and lactating women. A colossal percentage of rural women in states like Bihar, Uttar Pradesh, Madhya Pradesh and Orissa are being devoid of basic preventive health care services. The immunization status of pregnant women and children is also low in rural areas as compared to urban areas. According to NFHS-II report, the rural Maternal Mortality Ratio (MMR) is much higher : 619 for 100,000 live births compared to urban MMR : 267. A large percentage of deliveries in rural areas is being conducted in unsafe conditions by untrained and semi-trained *dais,* those who are largely old, thus leading to neo-natal and even maternal deaths. Similarly, the rural neonatal mortality is also quite high : 51.7 compared to urban neo-natal mortality : 33.5. According to the report. 53.9 percent of rural women and 75.3 percent of children age 6-35 months are suffering from anaemia. Provision of preventive, promotive and curative health care to children, women and disadvantaged sections of population is a basic need and is critical to human well being.

Basic Needs and Rural Livelihood

UNDP observed that "all over the World, of the 4.4 billion people in developing countries nearly three-fifths lack basic sanitation, almost a third have no access to clean water, a quarter do not have adequate housing, a fifth have no access to modern health services, a fifth of children do not attend school and a fifth do not have enough dietary energy and protein." More than half of rural population lives in India in *katchha houses* made of mud. *thatch* and other low quality materials and many of them even do not have adequate space and separate kitchen. In many impoverished families diseased and lactating mothers deliver and share the same room along with other family members. Some are even found to be sleeping in the corridors of the economically well up. The condition of these people becomes precarious during disasters and other natural calamities. The breaking of the joint family system has further vitiated the housing problem in rural areas. The country is still to overcome the basic need of quantity and quality of housing in rural areas. The National Human Development Report 2001, brought out by the Planning Commission envisaged that millions of people in the country suffer from water borne diseases on account of lack of access to safe drinking water. The report also envisages that a majority of India's population does not have access to toilet facilities in their dwellings and lacks sanitation

Table – III

Rural Basic Need Index of Fifteen Major States

States	RBNI	Rank	States	RBNI	Rank
Andhra Pradesh	0.46	9	Maharastra	0.55	4
Assam	0.47	8	Orissa	0.24	15
Bihar	0.31	13	Punjab	0.81	1
Gujarat	0.48	7	Rajasthan	0.40	10
Haryana	0.72	2	Tamil Nadu	0.54	5
Karnataka	0.52	6	Uttar Pradesh	0.34	11
Kerala	0.68	3	West Bengal	0.33	12
Madhya Pradesh	0.25	14	India	0.41	

facilities for the disposal of wastewater. Economic Survey (2003-04) asserts that safe drinking water and improved sanitation play a major role in the overall wellbeing of the people, with a significant bearing on infant mortality rate, death rate, longevity and productivity. It is observed that majority of people usually never consider sanitation as criticals to livelihood comparede to those of food, clothing, and shelter. It is seen that households with good pacca houses in rural areas even use open field for defecation. Usually male members use the open field falling vacant in the front side of the village, while women use the land for defecation usually in the backside of the village. Cholera, dysentery, typhoid, para-typhoid, infectious hepatitis and many other diseases can be traced to the insanitary disposal of human excreta. There is need for strong IEC (Information Education and Communication) campaign and BCC (Behavioural Change Communication) in rural areas for the use of safe drinking water and sanitary latrine for defecation. The Sulabh International, social service organization has found out that a key to success of Sulabh Shauchalaya lies in creating public awareness and seeking community participation in implementing and maintaining the infrastructure.

Rural roads and electricity are other two basic needs to promote quality of life in rural areas. Construction of all weather roads and connecting village inner road to the main road would hasten rural communication and thereby help in the promotion of agriculture and industry, and access to education and health care. Despite best efforts of the government and launching of many rural development programmes and more recently the Pradhan Mantri Gram Sadak Yojana (PMGSY), many villages are not connected with the main road. Even if constructed, many of them are in bad condition with innumerable pits. Road is fundamental and a visible indicator of rural progress. National Human Development Report-2001 envisages that Kerala's road coverage has created a rural-urban continuum that has been often cited as factor behind its unique attainments on human and other indicators of development. The government and local self-government has to work shoulder to shoulder for strengthening the road communication network in rural India. Rural electrification is another basic need for rural development. Lack of electricity slows down the pace of modernity in rural areas. Electricity facilitates education of children and also enable the possession of amenities such as television, refrigerator, fan, electric iron, etc. Villages living in darkness, also live in social darkness without access to day-to-day information. Rural road and electricity are critical to quality of living in the countryside. It is the fundamental duty of every government to ensure these two infrastructures to its countryside population.

Conclusion

It is the fundamental duty of the nation as well as of the states to ensure basic needs to its people. Despite efforts of the government through launching of minimum needs programmes, a large percentage of households in many states are devoid of one or the other basic needs. Weak implementation and monitoring strategies with faulty targeting of beneficiaries, corruption, nepotism, and poor political and administrative will, lack of good governance, feeble local-self government and altruistic civil society are a few among many factors responsible for the poor performance in ensuring basic needs to people in different states.

The two economically developed states Punjab and Haryana occupy first and second place, with socially developed Kerala being in third place. The six states such as Orissa, Bihar, Madhya Pradesh, West Bengal, Uttar Pradesh and Rajasthan, whose RBNI are lower than the Indian average, have to take appropriate steps to ensure basic needs to its people. The two eastern states particularly Orissa and Bihar have to break the jinx of complacency, which they have developed towards eradication of poverty and development. Good governance, strong political, administrative and people's will, along with massive IEC (Information Education and Communication) and BCC (Behaviour Change Communication) programmes would go a long way to achieve the goal. Moreover, employment creation in the rural informal sector, creation of self-employment and increase in income through the diversification of agriculture and promotion of allied sector and small scale and cottage industries; and raising workforce participation of women with particular emphasis on the landless impoverished households would also be helpful in the eradication of poverty and ensuring basic needs in these economically weaker states. The goal of the new Millennium is *Basic Need for All.*

The author is associated with Centre for Research in Rural & Industrial Development, Chandigarh.

61

The state of welfare

Is the UPA government on social overdrive?

KIRTIMAN AWASTHI & SOURAV MISHRA



ILLUSTRATIONS: SHYAMAL

THE National Rural Employment Guarantee Bill (NREGB) 2004 passed by Parliament in August 2005, makes India the only developing country to have legislation ensuring livelihood. Once it is notified, an Employment Guarantee Scheme (EGS) will come into being under which one person in each rural household will be assured employment for 100 days per year.

Prime minister Manmohan Singh calls it a "path-breaking" legislation. By involving the *panchayat* in its planning, monitoring and implementation, EGS will empower the common people. Work taken up under EGS will strengthen the rural infrastructure through activities such as building roads, check dams, irrigation systems, and health facilities. Union minister for rural development Raghuvansh Prasad Singh said in Parliament that EGS should not be seen as a substitute to agriculture. The income from EGS will be in addition to that from agriculture (for farm workers during the lean season) and can help improve the quality of rural life and reduce migration to urban areas.

EGS also requires one-third of the employment be reserved for women. This will accrue benefits like improvement in health and primary education. But not everyone thinks EGS will work.

Breeds corruption

Critics give the example of Maharashtra, which has an Employment Guarantee Act since 1977. Similar to EGS, the act, according to Sharad A Joshi, member of Parliament from Maharashtra, is synonymous with corruption. "Corruption is not unexpected when money is involved and the transaction is between officials who control the funds, and the poor, unemployed labour who would be willing to take only a share of whatever is due to him or her," says Atanu Dey, a development economist. EGS provides an important role to *panchayats* in its implementation. But the block level programme officer and district coordinators, who will handle the funds under EGS, are not accountable to *panchayats*. To make the scheme transparent, "Names of persons employed under EGS, hours worked, wages paid and the assets built must be posted for public scrutiny," suggests Kamal A Mitra Chenoy, professor at the School of International Studies, Jawaharlal Nehru University, New Delhi. Other experts believe that for EGS to be successful, it should replace existing poverty alleviation programmes like National Food for Work, which are mired in corruption (see 'Sham, sham', *Down To Earth*, July 31, 2005). United Progressive Alliance (UPA) chairperson Sonia Gandhi, in her maiden speech in Parliament on NREGB, emphasised the need to link Bharat Nirman, a scheme to develop rural infrastructure, with EGS.

Facing a crunch

The Rs 40,000 crore-EGS will require state governments to bear 10 per cent of the cost, while the Union government will take care of the rest. But even the 10 per cent could be difficult to manage for the states. Civil society organisations and experts have been demanding the Centre take the entire financial responsibility for EGS. However, even the Union government admitted in Parliament on August 24, 2005 that it is finding it difficult to fund EGS. Singh has said the funds raised through economic reforms would be made available to EGS.

Economists feel EGS would divert funds from infrastructure development to support India's growing economy. "The egalitarian philosophy of the government and economic reform policies are not one and the same," says N Mohanan of Hyderabad's National Institute of Rural Development.

So far, economic reforms have failed to generate desired level of employment. The 1990s experience shows decrease in jobs with growing economy — even in the agriculture sector (see 'Jobs, jobs, jobs', *Down To Earth*, November 30, 2004). EGS will provide a new approach to increase the country's employment potential, feels Chenoy. The key livelihood areas of forestry, livestock, fishery and horticulture can contribute to creating large-scale employment opportunities in rural areas. "Benefits seem to be huge, when providing employment as a matter of right. But this will be possible only when 'work' included in EGS is seen in a wider perspective," says Chenoy.

Another issue is whether we need to make EGS more universal. It would have been better had the government included urban lower middle class and semi skill/soft skill workers under EGS, says Chenoy. Even in rural households, say other experts, individuals should have been treated as separate units rather than families, or at least one individual among four in a family. In its present form, EGS could lead to division in joint families. However, Singh said in the Parliament, "100 days can be divided among the individuals in a family."

Some experts suggest unskilled

62

workers employed under EGS could also be given vocational training through public-private partnerships. The trained workers could then be absorbed in private organisations, failing which they could always avail the 100 days of employment under EGS.

Billed for the unorganised

In an attempt to make its pro-poor agenda ubiquitous, the UPA government is working on overdrive. After the flights of fancy of the 'Bharat Nirman' and 'Rural Employment Guarantee' schemes, the government is now conjuring up massive provisions for unorganised sector workers, through the Unorganised Sector Workers' (Social Security) Bill 2005 and Unorganised Sector Workers' (Conditions of Work and Livelihood Promotion) Bill 2005.

Double impact or junk

These two new acts replace the single Unorganised Sector Workers' Bill proposed in 2004 by the National Democratic Alliance (NDA) government. Considering the 37-crore workforce of the informal sector in India, the government is hoping two separate acts will better provide for their massive target population. Acting chairperson of National Commission for Enterprise in Informal Sector (NCEUIS) K Jayashankar says he felt "the major problem with the earlier bill was that it transposed the conditions of the organised sector to the unorganised sector and did not deal with the social security aspect in an exhaustive way." NCEUIS has proposed the two bills after nine months of analysis.

The NDA leadership is up in arms over its rejected bill, claiming that its replacement jeopardises their pro-poor initiatives. However, M K Pandhe, the president of the Centre of Indian Trade Unions, asserts that the earlier bill did not ensure comprehensive social security through minimum wages, decent working conditions or job security, and hailed the NDA bill as synonymous with the jobless growth syndrome that is becoming a pattern of the fast-growing Indian economy.

Social security cover

The Unorganised Sector Workers' (Social Security) Bill covers all unorganised sector workers with a monthly income of Rs 5,000 and below. It covers health insurance, maternity benefits, life insurance and an old-age pension. The scheme will be run through a central social security board, assisted by state boards and administered at the local level through workers facilitation centres, where the workers will be registered and issued with identity cards.

The bill includes informal workers in the organised sector with no social cover, and the self-employed — such as the 23.7 crore people engaged in farming. However, there are catches: to be eligible for cover, the worker has to be aged 18 or older, ignoring the millions of child workers in the unorganised sector. Secondly, the bill demands a declaration from the claimant declaring his status as an unorganised sector worker, which is often difficult for the worker to provide.



The issue of contributions is crucial. According to the act, a registered worker will only be eligible for benefits if he has paid his regular contribution, pegged at Re 1 per day. The employer and the government will each add Re 1 per day, creating a cover of Rs 1,095 per worker per year (see: *Too small a price*). The implementation of this seems potentially problematic.

Labour rights

"With India slated to become world's second most preferred manufacturing house, labour rights need to be protected the right way," says deputy chairperson of the Planning Commission, Montek Singh Ahluwalia. The Unorganised Sector Workers' (Conditions of Work and Livelihood Promotion) Bill attempts to fulfil this, promising the right to organise workplace safety, non-discrimination in wages and freedom from sexual harassment. Self-employed workers are promised easy credit, use of common property and access to natural resources. The bill suggests the creation of Dispute Resolution Councils with the powers of civil courts in every district of the country.

Implementation is the key

Unlike previous legislation targeted at unorganised sector workers, like the Minimum Wages Act, Workmen's Compensation Act and the Contract Labour Act, which have failed to bring about major changes, NCEUIS is confident about the two acts' success due primarily to their job protection and social welfare benefits. "This makes these two proposed legislations a relatively complete solution touching upon the core of the issue," says Jayashankar.

However, director of the Rajiv Gandhi Institute of Contemporary Studies, Bibek Debroy believes that India has a pathology of over-legislation and it doesn't help because this goes hand-in-hand with under-governance, hardly the way to tackle social problems. Application of such well-meaning legislation remains intensely problematic. ■

Too small a price

If the National Social Security scheme covers all workers in the unorganised sector, the total cost will be Rs 32, 850 crore, of which the central government share will be Rs 17, 548 crore and the state governments Rs 5, 010 crore. This comes to a total of Rs 22, 558 crore, which is about 0.8 per cent of India's GDP in 2004-05, says K K Jaswal, member secretary of NCEUIS. Considering the contributions made by the unorganised sector workers to National Income — about 45 per cent — the Commission holds that the cost of the scheme is too small not to bear.

63

$50b per year needed to meet UN goals

19/9/05 TI

What are the Millennium Development Goals?

The Millennium Development Goals (MDGs) are a set of time-bound and measurable goals and targets for combating poverty, hunger, diseases, illiteracy, environmental degradation and discrimination against women. It consists of 8 goals, 18 targets and 48 indicators, covering the period 1990 to 2015. On Sept.r 8, 2000, world leaders from 189 member states adopted the MDGs in the Millennium Declaration, which is a United Nations resolution. The declaration summarises the development goals agreed on at international conferences and world summits during the 1990s.

What are the specific MDGs?

LEARNING WITH THE TIMES

The MDGs, to be achieved between 1990 and 2015, include: a) halving extreme poverty (the proportion of people those whose income is less than $1 a day) and hunger; b) achieving universal primary education; c) promoting gender equality; d) reducing under-five mortality by two-thirds; e) reducing maternal mortality by three-quarters; f) halting and reversing the spread of HIV/Aids, malaria and TB; g) ensuring environmental sustainability; and h) developing a global partnership for development, with targets for aid, trade and debt relief.

Are we on track to meet the Millennium Development Goals by 2015?

A simple extrapolation of poverty trends since 1990 would suggest that the world is on track to halving income-poverty by 2015. But this does not give the true picture and the reality is more complicated. For instance, East Asia has almost already met its goal. But in areas like sub-Saharan Africa, the situation has worsened further and the proportion of poor has increased. Dozens of countries experienced absolute declines in average living standards in the past two decades.

Regional averages mask differences from country to country and disparities among socio-economic groups. But perhaps halving income poverty is the only goal which would be met if one considers the world as a whole.

As for universalisation of education, five regions have achieved more than 90% enrollment in primary education, but in Southern Asia and Western Africa, enrolment is lagging with about 20% of children out of school and in sub-Saharan Africa, that proportion is more than a third. Again, the gender gap remains a serious concern in these three regions and the 2005 deadline for gender parity in primary school enrolment has already been missed.

Progress on reducing child and maternal mortality actually slowed down in the 1990s compared with earlier decades. Only in Northern Africa, Latin America and the Caribbean and South-Eastern Asia has the rapid pace in reducing child mortality been maintained. One of the goals on which most countries are moving in the opposite direction is reversing the spread of Aids, which is one of the biggest global concerns currently.

What are the resources needed to achieve the MDGs?

Estimates suggest that meeting most MDGs by 2015 will require an additional $50 billion per year in development assistance. Although this figure may appear large in absolute terms, it represents less than one-fifth of 1% of incomes in donor countries. Total ODA (official development assistance) by developed countries, though at record levels of $79 billion in 2004, is just over 0.25% of their incomes. This is far less than the committed target aid level of 0.7% of GDP. Only 5 countries, Denmark, the Netherlands, Norway, Sweden and Luxembourg, provide aid greater than 0.7% and none of the G-7 countries is part of this group.



OUR REPORT CARD: India is likely to cut income poverty by 2015, but lags behind on all other counts.

What is India's report card on the MDGs?

India is on track to achieving the goal of halving income poverty by 2015. But on most other counts — education, gender empowerment, infant and maternal mortality — it is lagging behind and expected to achieve the targets only sometime between 2015 and 2040.

64

HDR 2005

Falling Behind

The 2005 edition of the Human Development Report (HDR) of the United Nations Development Programme presents a more mixed report card than usual on the trends in the human condition across the world. Timed for publication with the UN high-level summit, the report, dealing with international cooperation in realising the Millennium Development Goals (MDGs), conveys a simple message. There has been progress but not enough on all fronts and in all countries in the movement towards the 2015 target for MDGs; more seriously some countries are falling behind in human development. This is in spite of substantial economic growth in many developing countries, most notably India and China. However, the HDR argues that the situation is not hopeless. With greater international cooperation and political commitment by governments and societies, it is possible to achieve the MDGs in

Economic and Political Weekly September 24, 2005

65

poverty, malnutrition, life expectancy, schooling and in a number of other areas of human development.

The MDGs are essentially arbitrarily set goals; nevertheless they are useful yardsticks by which to evaluate global progress in improving human development. There certainly was progress, even if uneven, in the developing countries during the 1990s on many of the basic indicators of socio-economic development. Millions have climbed out of extreme poverty, life expectancy has risen, child mortality has fallen and fewer children are out of school. The failure has been in the inability to bring about an acceleration in the pace of improvement that is required to achieve the targets for 2015. Some countries have also seen a retrogression. The three most important areas where progress has been tardy, as identified by the HDR, are in reducing poverty, child mortality and school enrolment. The figures, as estimated by the UNDP report, are stark. Business-as-usual trends over the next decade will mean that 41 million more children under the age of five will die than if the goal for child mortality is realised. Likewise, the gaps in poverty reduction and primary school enrolment will turn out to be 380 million people and 47 million children, respectively.

What is worrying first of all is the movement backwards in a number of countries. According to the HDR, in 2003, 18 countries with a total population of 460 million recorded a lower value for their human development index – the UNDP measure of human development – than they did in 1990. What should be just as worrying is that in some countries even as economic growth has accelerated and measures of human development have recorded a rise, there are major failures in some indicators and there are wide gaps between regions and population groups. India comes in for special mention in this respect in the HDR. It is by now well known that the benefits of the more rapid growth of the 1990s were not shared equitably by all regions and all social and economic classes. It is also well known that India's performance in reducing infant and child mortality slowed during the 1990s; so also that while primary school enrolment has improved, the gender disparities have remained wide. When they are highlighted as they have been in the report and when the Indian record in some areas is shown to pale in comparison with poorer Bangladesh (in child mortality and gender gaps in school attendance), the Indian "success story" of recent years loses much of its sheen. India is not alone in this respect; China, with its much faster economic growth, is also not going to meet some of the MDGs. Indeed, the two countries – with the fastest rates of growth in recent years – are the main culprits responsible for the developing world falling behind in reducing child mortality.

The proposals that the HDR offers to deal with the slow improvement in human development are also well known. Greater international cooperation marked by more aid, greater local ownership of aid programmes and targeted assistance are not radically new solutions. So too the demand for a more equitable global trade regime – to use the Doha round of the World Trade Organisation to provide greater access to goods, services and short-term migrants from the developing countries. What is new is the discussion of the links between violent conflict (between and within countries) and reversals in human development. Yes, in spite of all the alarm bells that have been sounded in the report, the UN high-level summit of last week did not witness any urgency on the part of world leaders – from rich or poor countries – to make the next decade any different from the past. EPW

The Times of India, Hyderabad

17/9/05

Food at work is rarely ever food for thought

By Kounteya Sinha/TNN

New Delhi: Not being able to give your 100 per cent at office? Blame the poor meal programme at your work place.

A new study by the International Labour Organisation has found that poor diet on the job is costing countries around the world up to 20 per cent in lost productivity, either due to malnutrition or excess weight and obesity.

The study says that in India, the cost of lost productivity, illness and death due to malnutrition is US $10 to $28 billion, or 3 to 9 per cent of the gross domestic product. The ground-breaking study, the first to examine workplace eating habits worldwide, also says that better nutrition in the workplace can raise national productivity rates, while workplace meal programmes can prevent micronutrient deficiencies and chronic diseases and obesity.

According to the ILO, all these can be achieved by workplace managements with modest investments that can be repaid in reduction of sick days.

"Poor meal programmes and poor nutrition underlie so many workplace issues: morale, safety, productivity, and the long-term health of the workers and nations. But few workers are happy with their meal arrangements," said Christopher Wanjek, the author of the study.



'WORK'ING OUT !

According to Wanjek: "Often, food at work is seen as an afterthought or a hindrance by employers and is often a missed opportunity to increase productivity and morale. Canteens, if they exist, routinely offer an unhealthy and unvaried selection. Low iron, which affects up to half the world's population, is tied to sluggishness and diminished cognitive ability and thus accidents and low productivity." The study titled *The Food at Work: Workplace Solutions for Malnutrition, Obesity and Chronic Diseases* will be launched at the XVIIth World Congress on Safety and Health at Work on Orlando, Florida on Sept. 19.

67

HDI measures parameters of human development

12/9/05 T.I

What is the HDI?

The United Nations Human Development Index (HDI) is a summary composite index that measures a country's average achievements in three basic aspects of human development: longevity, knowledge, and a decent standard of living. Longevity is measured by life expectancy at birth; knowledge is measured by a combination of the adult literacy rate and the combined primary, secondary, and tertiary gross enrolment ratios; and standard of living by GDP per capita (in purchasing power parity US$). Each year, countries are ranked according to a composite index that captures all these measures. The index was developed in 1990 by Pakistani economist Mahbub ul Haq, and has been used since 1993 by the United Nations Development Programme (UNDP) in its annual Human Development Report.

What was the need for such an index?

Usually, countries were ranked in terms of well being on the basis of their per capita incomes alone. But it was felt that human development was much more than just economic growth, which is only a means, albeit a very important one, of improving the quality of life. In order to assess the level of people's long-term well being, it was necessary to look at other parameters which aided in human development. For instance, India has a higher per capita income than Vietnam, but the latter is far ahead on social indicators. Again, within India, Kerala is a middle-income state but it has social indicators that are close to world class and way ahead of any other Indian state.

How is the HDI computed?

Before the HDI is computed, an index needs to be created for each dimension, the life expectancy index, education index (comprising literacy index and gross enrolment index) and income index. Performance in each dimension is expressed as a value between 0 and 1 by applying the general formula: dimension index = (actual value - minimum value)/(maximum value - minimum value). Values (max, min) for each dimension, life expectancy (85, 25), literacy (100, 0), gross enrolment ratio (100, 0) and per capita income in PPP US$ (40000, 100) are used in computing the HDI. The literacy index and gross enrolment index are given two-thirds and one-third weightage to arrive at the education index. Once the three indices have been computed, the HDI is calculated as a simple average of the three.



Most African countries figure in the low development category.

How are countries classified on the basis of HDI?

Countries are classified into three categories: high human development (HDI 0.800 and above), medium human development (HDI 0.799-0.500) and low human development (HDI below 0.500). Of the 177 countries, 57 countries fall in high, 88 in medium and 32 in low human development. Norway (0.963) is ranked first as per HDR 2005, while India (0.602) is ranked 127th and falls in the medium category. Of the 32 countries in the low development category, as many as 30 are from Africa.

LEARNING WITH THE TIMES

Is the HDI enough to measure a country's level of development?

Not really. The concept of human development is much broader than what can be captured in the HDI, or any other of the composite indices that have been developed. The HDI, for instance, does not reflect political participation or gender inequalities. The HDI only offers a broad proxy on some of the key issues of human development.

Which other composite indices have been developed?

Since the first report, four additional indices have been incorporated in the HDR. These are the human poverty index for developing countries (HPI-1), human poverty index for selected OECD countries (HPI-2), gender-related development index (GDI) and gender empowerment measure (GEM).

68

India still behind in human development: U.N. report

9/9/05 · H

Ranked 127 among 177 countries on Human Development Index

- Improvements in child and infant mortality slowing here
- India off-track to achieve Millennium Development Goals

Special Correspondent

NEW DELHI: Even as India appears to be at the forefront in terms of economic growth, it continues to lag in the quality of life as measured by its Human Development Index; it remains unchanged at a low 127 among 177 countries.

In comparison, the United Nations' Human Development Report 2005, which was released here on Wednesday, has a word of praise for neighbouring Bangladesh in view of the rapid human development it has achieved in spite of its moderate growth.

Despite its low ranking in the HDI carried out each year by the United Nations Development Programme (UNDP), India, however, has shown progress in HDI valuation, having gone up from .595 last year to .602 in this year's report.

No decline in poverty

The UNDP report on human development has clearly brought out the fact that while India has moved ahead and joined the premier league of world economic growth, the accelerated growth has not resulted in a commensurate decline in poverty. On the Human Poverty Index (HPI-1), it is still ranked at 58 among 103 developing countries. "More worrying, improvements in child and infant mortality are slowing and India is now off track for these MDG (Millennium Development Goal) targets," says the report, which was launched here by the UNDP Resident Representative and UN Resident Coordinator, Maxine Olson.

Taking a much broader view of a country's overall development instead of just income, the HDI seeks to combine aspects such as life expectancy, school enrolment, literacy and income. Going by the country's gross domestic product (GDP), while India's ranking is 118, the per capita GDP is pegged at $2,892.

With a life expectancy of 63.3 years, India is ranked 119, while for school enrolment (60 per cent), it is placed at 131 along with a Gender Development Index (GDI) ranking of 98. Going by the status of women in the country, India is placed at 118, in terms of seats in Parliament held by women, while on the ratio of female-earned income to male-earned income, it is ranked 126.

69

Unemployment at a record high: ILO report

1+ 13/9/05

Three quarters of the world's poor live in Asia

Special Correspondent

NEW DELHI: Despite encouraging progress in reducing poverty and improving the working lives of people in Asia under the Millennium Development Goals (MDG), unemployment reached a record high while job growth remained "disappointing," says a report from the International Labour Office (ILO).

According to the report, "Labour and Social Trends in Asia and the Pacific 2005," new data shows that three quarters of the world's poor — or close to 2 billion people subsisting on less than the equivalent of $ 2 a day — live in Asia.

The study was issued on the eve of the United Nations World Summit in New York to be held from September 14 to 16. The summit is the biggest gathering to be mounted by the U.N. and will discuss efforts to reduce poverty among other issues. Key Asian leaders will be among 160 heads of state who will be attending.

The ILO study provides a stark analysis of a growing "employment gap" in the Asian region, and says the creation of new jobs has failed to keep pace with the impressive economic growth. Between 2003 and 2004, employment in Asia and the Pacific increased by a "disappointing" 1.6 per cent, or by 25 million jobs, to a total of 1.588 billion jobs, compared to the strong economic growth rate of over 7 per cent. During the same period, the total unemployed edged up by half a million reaching 78 million, the fifth consecutive year-on-year increase since 1999.

The creation of new jobs has failed to keep pace with the impressive economic growth

Those aged 15 to 24 are bearing the brunt of this employment deficit, accounting for a disproportionate 49.1 per cent of the region's unemployed although they make up only 20.8 per cent of the labour force. The ILO estimates that halving youth unemployment would increase GDP, by up to 2.5 per cent in East Asia, by up to 6.7 per cent in South Asia and up to 7.4 per cent in South-East Asia.

While the prospects are good for meeting the first MDG of halving extreme poverty, the so-called "working poverty" remains a serious problem, according to the report. Some 355 million in the region receive inadequate incomes from their labour, which leaves them and their families below the $ 1 a day poverty line.

Progress in achieving universal primary education by 2015 (MDG 2) has slowed. The ILO said 48 million primary school age children were not enrolled in school — out of a global total of 103 million. The majority of these children were working. Many countries, especially those in South Asia, are also unlikely to meet the third MDG on gender equality and the empowerment of women. Fewer girls attend primary and secondary schools than boys. More young women are unemployed than young men.

Akshara's Pre-schools Raise Drop-in Rate

L C Jain

At the heart of Akshara's success is its ability to stir positive responses from the community, which guarantees a self-sustaining movement reinvigorated by thousands of children

KAMALADEVI CHATTOPADHYAY, veteran fighter for freedom and women's emancipation, was against expressing India's pains in percentages. By doing so she held "the men in power reduce people to an abstraction and that helps them to do nothing about it." But we persist with per centages. For example, we talk of the poor as "percentage of population below poverty line", not 300 crore persons, or of children in the age group 0-5 afflicted by malnutrition as 47 per cent and not as 20 crore infants. Recently, in March, Prime Minister Manmohan Singh said the extent of "dropouts from schools was 53 per cent. This was nothing new. Even in 1992 the dropout rate at 59 per cent was killingly high. Did it stir us?

Thankfully, we do have some awakened souls who are provoked. The Akshara group in Bangalore is one such. It reacted sharply to the 53 per cent dropout rate: "This means that our system believes that either the children cannot learn, or we think that they are not worth teaching." Akshara asserted that "the first premise is factually wrong while the second premise is morally wrong". Akshara does not stop at reacting. It acts. And devastatingly, as I discovered visiting their work on the ground.

But first a word on who Akshara is. In March 2000, a handful of concerned citizens in Bangalore picked up the gauntlet to dare the dropout rate devil. Their motto, "Every child in school and learning well." They stepped out in the field in the slum areas of the IT-savvy city of Bangalore. They discovered that there was a problem prior to dropout. Thousands of little children were not even dropping in to the school compound. The problem, Akshara found, starts from the pre-school age: "For, a child in the pre-school age group needs to be prepared to go to formal school and this is a barrier that has to be quickly addressed. How can a child who is a first generation schoolgoer become prepared in her home environment? How can a parent who has never been to school prepare her? This has never been a focus in the government system in the past 50 years." Akshara chose to focus on pre-school children. And, hold your breath, it raised a massive determined army of 1,000 volunteers, No wonder, in a mere five years (2000 to 2005), it has been able to touch the lives of 100,000 children, More significantly, of the 52,000 pre-school children Akshara worked with, about 50,000 have gone on to enroll in formal education.

I saw several Akshara pre-schools in Bangalore's slums. A room full of tiny tots below the age of five, most of them playing with each other or toys, some sleeping, some gazing at comics. It was an experience in tenderness. How come

71

the parents let the little ones out of their sight? Primarily because the teacher is local, she is selected by the community and is given an orientation by Akshara. The room for the school is provided by the community. To start with Akshara offers a modest honorarium to the teacher. Soon seeing their children bloom, the parents want to contribute-may be Re 1 or Rs 5 per month, as their purse permits. Hundreds of such schools have sprouted in Bangalore slums, beaming sunshine into the lives of the dwellers.

For its object of "learning well", Akshara has promoted an accelerated reading programme which has taught over 17,000 children to read well. Its library programme has got over 6,000 enthusiastic children hooked on to the world of reading. Just listen to Reshma: "I come from an Urdu-speaking background. But I am reading and speaking Kannada fluently now. I was encourged to start learning to read Kannada because of all the lovely books that were a available at Shantamma's mobile library, of which I am a member. I have now completed reading 50 books. My favourite books are Navilugariya Aa Kannu (Eyes on the Peacock's Tail), and Mayada Pathre (The Magic Vessel)."

The story flashcards that Akshara uses in the reading programme are responsible for the sudden drop in truancy among the children. "Which child would not want to come to school when school means a new story every day for 45 days, all involving animals, with bright, colourful pictures, and with the words and letters written in bold, easy-to-read script?" says teacher Parvathamma. It signifies transformation of the teachers themselves, which has defied us all these decades. There is no stopping Akshara. It aspires to change, if it can, the huge difference between elite schools and government schools, and the low levels of motivation among government teachers. At the heart of Akshara's success is its ability to stir positive responses from the community, which guarantees a self-sustaining movement reinvigorated by thousands of children.

I interacted with some of the pre-school children in a government school where they had enrolled. I asked a seven-year old girl what she would like to do after finishing school. "I want to be police." Why? "They have power." An eight-year old boy said. "I would like to be a doctor." Good, would you give me free treatment, I asked. He thought a while, then said: "Why only you? I will give free treatment to everybody." At once he qualified in my heart to be the headmaster of the school for broadening the horizon of our dynasticated political leadership. ❑

72

(Courtesy : Asian Age)

Educational Outcomes: DPEP or 'Catching Up'?

This paper evaluates the District Primary Education Programme interventions in two DPEP Phase I districts of Madhya Pradesh by using one of them as the control group. It aims to assess the progress made towards achieving the overall goals of DPEP, namely, providing access to primary education for out-of-school children and increasing the retention rate. It also assesses the extent to which gender disparities and differences between social groups such as scheduled castes and tribes and others have been reduced in respect of enrolment, dropout rates and learning achievement. In some instances, especially when outcomes across low and high literacy districts are studied, DPEP appears to have positively facilitated interventions in districts that started off with low female literacy rates. Also, interventions to facilitate access to schooling and to ensure social equity appear to have had an impact.

SHAILENDRA SINGH, KALA SEETHARAM SRIDHAR

The basic goal of the District Primary Education Programme (DPEP) was to achieve universalisation of primary education in a given time frame and to bring about change in the system to ensure overall qualitative improvement in primary education in a cost-effective manner and on a sustainable basis. It was approved as a centrally sponsored scheme of the government of India to be implemented in selected districts to achieve the following objectives: (i) to reduce differences in enrolment, dropout and learning achievement among gender and social groups to less than 5 per cent; (ii) to reduce overall primary dropout rates for all students to less than 10 per cent; (iii) to raise average achievement levels by at least 25 per cent over measures of baseline levels and ensuring achievement of basic literacy and numerical competencies and a minimum of 40 per cent achievement levels in other competencies, by all primary school children; and (iv) to provide, according to national norms, access for all children, to primary schooling wherever possible, or its equivalent non-formal education.

In order to provide greater access to primary education and to ensure that children out of the school system get enrolled, a number of interventions were planned and inputs were provided under DPEP in each participating state. Since DPEP is a decentralised programme in which the plan for expansion and improvement of primary education is developed at the district level taking into account actual district needs, the way it is implemented and its achievements are expected to vary greatly from district to district. DPEP has been implemented in a phased manner, starting with 42 (now 52) districts of seven states in 1994 (Tamil Nadu, Kerala, Maharashtra, Madhya Pradesh (MP), Karnataka, Assam and Haryana) in Phase I. In Phase II, the programme expanded to cover 272 districts in 18 states. These include the 52 districts of Phase I.

I
Need for Study

As the project was nearing completion in Phase I districts, the MHRD considered it necessary to perform an external evaluation to identify the extent to which the programme had succeeded in achieving its objectives. This task was entrusted to the four Indian Institutes of Management to cover the seven states. IIM-Lucknow was entrusted with MP, Chhattisgarh and Haryana. The present study aims to evaluate DPEP interventions in DPEP-I districts of MP, due to the availability of a control group only in this state. In each of the other states – Haryana and Chhattisgarh – only one district could be sampled due to budgetary considerations. Jind in Haryana and Surguja in Chhattisgarh were chosen (criteria for choice of all districts are explained below). The evaluation study was expected to not only provide an unbiased evaluation of the achievements and shortcomings of DPEP, but also to help in deciding the modifications to be made in the implementation strategy in the districts involved in second phases of the programme. The study was also expected to provide useful inputs for the Sarva Shiksha Abhiyan (SSA), the national programme for universalisation of elementary education.

The format for the research including research design, preparation of survey instruments, sampling procedures, field work methods, data processing and analysis was the same for all states and districts. Each state was, however, allowed enough flexibility for the programme's complete evaluation within the context of its local framework. The state of MP implemented DPEP in 26 districts in phase I, and 22 districts in phase II. After the reorganisation of the state in November 2000, only 17 districts of phase I and 16 districts of phase II remain with MP districts in MP for implementation of DPEP in phase I were chosen by the state on the basis of: (i) educationally backward districts with female literacy below the national average; and (ii) districts where Total Literacy Campaign had been successful leading to enhanced demand for elementary education.

Study Objectives

The specific objectives of this study are as follows:

(i) To assess the progress made towards achieving the overall goals of DPEP, namely, providing access to primary education for out-of-school children, and increasing the retention rate.

(ii) To assess the extent to which gender disparities and disparities between social groups such as scheduled castes (SC),

73

scheduled tribes (ST) and others have been reduced in respect of enrolment and dropout rates, and learning achievement.

Overview

This study is organised as follows. The following Section II briefly describes the DPEP programme and its structure. Then we review past literature on the subject (Section III). Following this in Section IV, we describe the methodology and sample design used for field-work including data collection and constraints posed by the field work. After this, we give a brief profile of the state in which we performed our study. Next, in Section V details of our data analysis is provided pertaining to enrolment, retention, dropout rate, grade completion rate, based on primary data. We then report results from correlation analysis between various performance indicators and school-level and classroom infrastructure in various schools. Following the results from primary data, we summarise results from secondary data regarding access to schooling, gross and net enrolment rates (Section VI and VII). The final section summarises and points to policy implications for DPEP in the state of study.

II
Description of DPEP

The District Primary Education Programme initiated in 1994, aimed to achieve the goal of universalisation of elementary education in India through district specific planning, with emphasis on decentralised management, participatory processes, empowerment and capacity building at all levels [Data from Ministry of Education, GoI 2001]. It consists of several interventions at the state, district, block, panchayat, and village levels.

Under DPEP, all states have established state project offices responsible for state level planning and implementation of the project. The state project offices work through a general council headed by the state's chief minister, an executive council headed by the state's chief secretary, state-level organisations such as State Council of Education Research and Training (SCERT), State Institute of Education Management and Training (SIEMAT), and other institutions invited to support the programme. At the district level, a separate project office headed by a district project officer is established to plan and implement district specific schemes suited to local conditions. Similarly, at the block and panchayat levels, DPEP has appointed block and cluster level coordinators. At the village level, a committee of people's representatives called as village education committees (VECs) is formed, headed by the village pradhan, and the head teacher of the school is its ex-officio secretary. At the village and school levels, DPEP interventions include but are not limited to the following: (i) Improved school infrastructure through construction of new buildings or extension of school building by providing additional class rooms, toilets; (ii) school contingency for improving classroom facility and up-keep of school building; (iii) introduction of more teachers, i e, at least two per school; and ensuring their better training; (iv) new and more scientific text books; (v) training and financial grant for preparing and using teaching-learning material for imparting experiential education; (vi) provision for non-formal education centres through which dropouts or late starters can be trained and mainstreamed; (viii) redesigning access to, and entrance of, schools to facilitate trouble-free movement, distribution of implements and appliances to physically challenged students; (viii) emphasis on gender and social equity by encouraging SC, ST and girls to join schools; financial help to SC and ST children; (ix) facilitating continuance of primary schooling for school age children by providing early child care and education facilities near to/or in the school with the help of anganwadi workers belonging to the Department of Women and Child Development; and (x) community mobilisation through parent-teacher meetings.

Typically, cluster resource centre coordinators, block resource coordinators and VEC office-bearers have taken part in sensitising the community to send their children to schools.

III
Review of Literature

Previous literature has examined the performance of government and primary schools (Singh and Sridhar, 2002, in Uttar Pradesh, India; Leclercq 2003 in Madhya Pradesh, India), demand for schooling (Sridhar and Singh, 2002, that studied UP schools), and the performance of DPEP (Sarangapani and Vasavi, 2003, who studied Karnataka's DPEP).

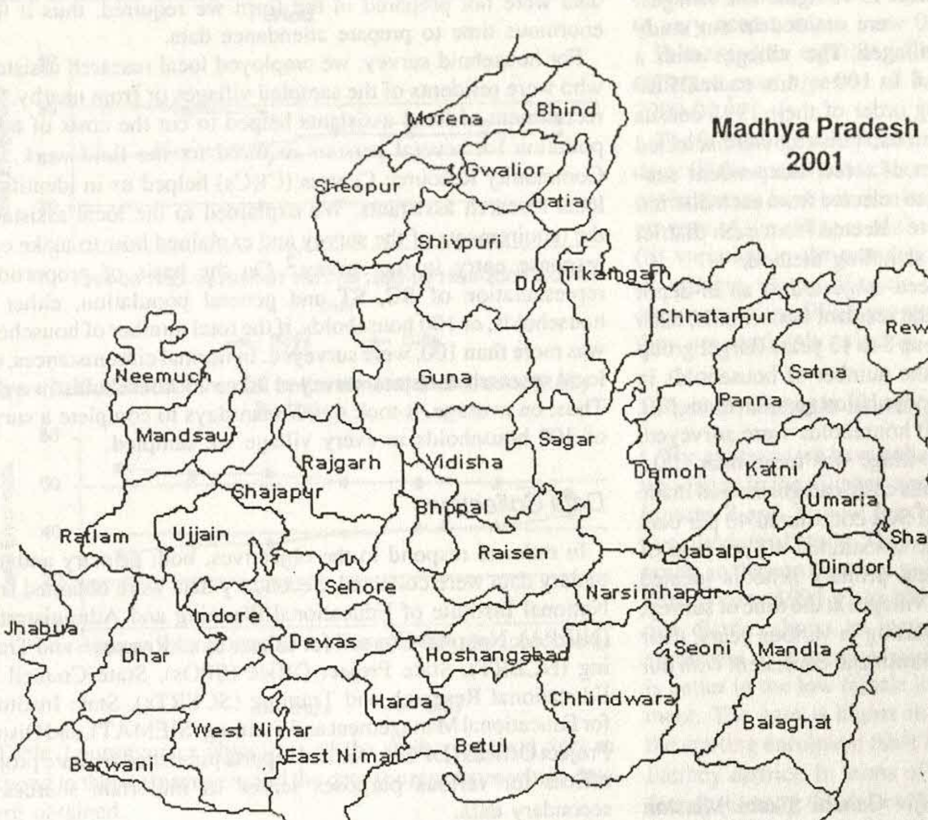
Sridhar and Singh (2002) examine differences between government and private schools by estimating demand for schools to determine factors that motivate choice of schools, in two districts in Uttar Pradesh, India. They find that demand for schools decreases with fee increases, which implies that lower income groups are excluded from private schools. Further, they find that learning achievement scores are on average higher for private schools. Their qualitative analysis showed that private schools had good infrastructure, discipline, teaching, and punctual teachers, consistent with expectations. They summarise implications for government schools.

Singh and Sridhar (2002) examine disparities across government and private schools with regard to enrolment and retention rates, and look at gender differentials in the above. This study finds a declining trend in enrolment in government schools and rising proportion of enrolment in private schools in UP and lower incidence of dropout in private schools. When enrolment trend by gender differentials and attendance rates are studied by school type, however, they find that government schools are more responsive to gender equity issues than private schools, lending support to the fact that governmental interventions such as DPEP continue to have an important role to play.

Leclercq (2003) presents the results of a field study of governments schools in Betul, M.P., (one of the districts in the present study as well) and Dewas districts of MP. This study aims to document the functioning of government schools and to understand the impact of reforms on the development of private schools. The study finds that in the blocks studied, the government school system has been extended, with the reforms, however, not having made a decisive impact on their functioning. The study also finds, based on the field-work that poor quality is a crucial issue even for private schools which are not affected by the reform.

Sarangapani and Vasavi (2003) review the structure, functioning, impact and implications of DPEP in Karnataka. The study acknowledges that enrolment and attendance data in the EMIS are generally inflated, and are not very reliable, and data on special groups such as girls, SC and ST enrolment and attendance are not reported. Their field-level assessments are mixed, with several teachers citing improvements in infrastructure and innovations in teaching-learning methods being major contributions of the

Figure 1: District Map of Madhya Pradesh



Source: Census of India, website http://www.censusindia.net/

programme. Further, they find that the state has not paid enough attention to the decline of government schools in the urban poverty-stricken areas. They observe child labour also to be widespread in the state.

In general, primary data and research findings regarding the functioning of DPEP across states are mixed, and need further study. In this study, we make comparisons of DPEP performance using several indicators, social and gender equity in a couple of DPEP districts of MP, using one of them as a control group. based on primary data we collected at school-level, cohort and household-level.

IV
Methodology and Sample Design

No detailed examination of the counterfactual has been done here. One advantage of the counterfactual approach is that one can reject the assumption that DPEP is responsible for the performance observed in the districts of study. We have not, however, done a counterfactual examination of DPEP. That is, no cross-sectional or time-series study to assess its impact, has been done. This means that we have not looked at either the pre-DPEP period (for a before-and-after treatment) or the non-DPEP (control group) districts, with which we can compare the findings from our study of post-DPEP period, DPEP districts only. We discussed the counterfactual with MHRD's senior officials at the very beginning of the project, but the MHRD had no more funding to offer to enable study of the counterfactual. The methodology was commonly designed by all the four IIMs that agreed upon a common set of surveys, given the lack of counterfactual observational units. All our findings should be viewed against this observation.

Given the explicit lack of control groups (with no DPEP intervention), we were able to use a proxy approach. We selected two districts in MP, one with the highest female literacy, Betul and another with the lowest female literacy, Sidhi, as per the census records of 1991. The choice of female literacy as a criterion for selection of districts is consistent with that selected for implementation of DPEP in Phase I by the state. This approach has been adopted as to respond to a more limited objective of whether districts with lower literacy rates being able to perform better than their high literacy counterparts.

Table 1: Sample of Villages Chosen in the Districts of MP

Betul, MP	Sidhi, MP
Ballor	Bahera
Barkhed	Balhaya
Buchanwadi	Bhagohar
Dendu Pura	Chingavah
Dori	Dharmduari
Ghana	Duari
Godu Mandai	Jamuar
Hiradehi	Khamaria Khurd
Jamu	Kundore
Khari (Jetadhana)	Madila Khurd
Khari Gayawani	Panvaar
Majarwani	Pokhara
Pandol	Pondi
Sonaghati	Pujohi
Udhari Rayyat	Raipurva

Stratified circular systematic sampling design is used in each of the selected DPEP districts to select 15 villages. The villages, with a population of less than 100 were omitted in our study before selecting the sample of villages. The villages with a population of greater than or equal to 100 within each DPEP district were arranged in ascending order of their 1991 census population. Then, five villages from each district were selected circular systematically in the form of three independent sub-samples. In this way, 15 villages were selected from each district. Table 1 shows the villages that were selected from each district in the state, through this random sampling method.

The villages so selected have been subjected to an in-depth study of DPEP interventions. All the resident households, each with at least one child in the age group 5 to 13 years (target group of households), were surveyed if the number of households in a village was less than 100 (and population greater than 100, as indicated above). A total of 100 households were surveyed, if the number of households in a village was more than 100.[1] Proportional representation of various caste categories was made in the household surveys. That is, if SCs constituted 40 per cent of the village population, they also constituted 40 per cent of the sample. Further, all government primary schools located within the boundaries of the sample villages at the time of survey, were studied, for data on cohorts starting in various years, their grade completion, attendance and enrolment, consistent with our objectives.

Field Work

We closely worked with the Rajiv Gandhi Siksha Mission (RGSM) at MP. The schedule of visits to specific villages was decided by the study team after reaching the district headquarters. After gathering information from the district project office and interviewing district level officials, three independent teams undertook the in-depth study of villages, cluster, and block level interventions of DPEP. One district or state level official helped us in coordination and collection of data at district and sub-district levels.

Our field visits to Betul and Sidhi, MP, were respectively completed in January and February 2002. As we have explained in the section on methodology and sample design, we followed systematic circular sampling to choose 15 villages in the chosen districts of the various states. While systematic circular sampling helps in arriving at robust estimates, it provided a lot of challenges too to our field work, as our sampled villages were scattered randomly at large distances and varied directions.

The school staff was by and large cooperative, despite the difficulty in finding various records of seven years, over 1994-2001. In a few places, records were damaged or not available on the spot for the study. We could not get data from certain districts for villages in our sample. In many schools, attendance data were not prepared in the form we required, thus it took enormous time to prepare attendance data.

For household survey, we employed local research assistants who were residents of the sampled villages or from nearby. The recruitment of local assistants helped to cut the costs of transportation for several persons required for the field work. The Community Resource Centres (CRCs) helped us in identifying local research assistants. We explained to the local assistants, the requirements of the survey and explained how to make each response entry in the survey.[2] On the basis of proportional representation of SC, ST and general population, either all households, or 100 households, if the total number of households was more than 100, were surveyed. In normal circumstances, one local research assistant surveyed 20 to 25 households in a day. Thus, on average, it took 4 to 5 man-days to complete a survey of 100 households in every village we sampled.

Data Collection

In order to respond to the objectives, both primary and secondary data were collected. Secondary data were obtained from National Institute of Educational Planning and Administration (NIEPA), National Council for Educational Research and Training (NCERT), State Project Office (SPOs), State Council for Educational Research and Training (SCERTs), State Institutes for Educational Management and Training (SIEMAT), and District Project Offices (DPOs). Annual reports published by state project offices for various purposes served as important sources of secondary data.

For results reported in this study, primary, cross-sectional and time-series data (from 1994-2001), data were collected from field surveys of households and (government) schools in the villages, cohort surveys from schools, and were aggregated at the village and district levels.

In the household survey, we obtained data on caste, religion, annual income, the number of family members, and their education. We also obtained from the household survey, data for each child in the age group 5-13, regarding their age, gender, schooling status, type of school, grades, completed in past five years, ability status, and reasons for not being in the school, if that was not found to be the case.We collected the following student related data from government school records to examine progress in student-related outcome measures: (i) enrolment by class (classes 1-5), gender and caste for the period 1994-2001; (ii) average attendance by class, gender, and caste for the period 1994-2001; (iii) cohort study of grade completion, repetition and dropout of the students starting class 1 in the years 1995, 1996, and 1997, and followed them till they reached class 5.

Table 2: Summary of Objectives, Required Data and Data Sources

No	Objective	Required Data	Data Source
1	To assess the progress made towards achieving the overall goals of DPEP, namely, providing access to primary education for out-of-school children increasing retention rate and improving the quality of education	School and classroom infrastructure, enrolment, dropout, and tracking of achievement (Grade completion)	Secondary data from DPO, SPO, cohort and household data, attendance details, household survey data on Income, occupation, caste and education of parents
2	To assess extent to which gender disparities and disparities between social groups such as SC/ST and others have bene reduced in respect of enrolment, dropout rates and grade completion as envisaged in the programme	Sex-wise profile of enrolment, dropout rates, grade completion, indices of gender and social equity	Attendance details, cohort data, household, secondary data

Figure 2: Gender Differential in Enrolment, Betul, over Study Period

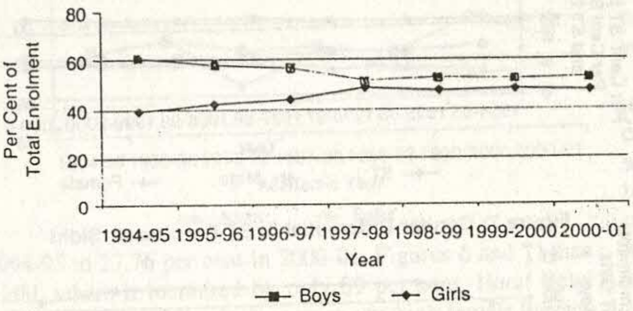


Figure 3: Gender Differential in Enrolment, Sidhi, over Study Period

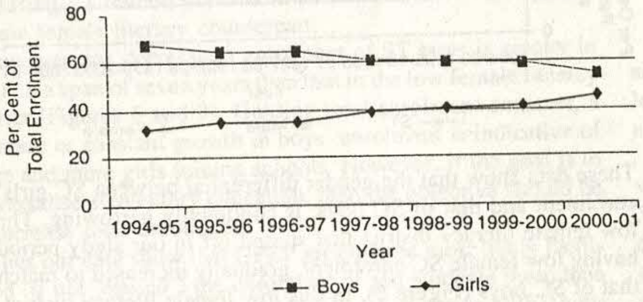


Table 2 summarises objectives of the study, required data to respond to these objectives, and the data sources from where data were obtained.

Profile of the State

In terms of land area and administrative structure, MP (undivided) is one of the largest states of the country, consisting of 45 districts. Figure 1 shows a detailed district map of the state.

Selected relevant socio-economic indicators as of 2001 of this state have been compared with those for the country, in Table 3. MP's female literacy made considerable strides, improving from roughly 30 per cent in 1991 to over 50 per cent in 2001. While all the states appear to have made several educational advances, it is necessary for us to disaggregate various components of their performance to examine implications for further DPEP interventions.

V
Primary Data Analysis

In this section we present the findings from our field work pertaining to enrolment, attendance, dropout, gender and social equity, grades completed based on cohort and secondary data.

Enrolment according to Gender and Caste

In this section we present the progress made in the districts of study. The luxury of dealing with a large state like MP provided the liberty of comparison across districts having high (Betul) and low female literacy (Sidhi), enabling us to test whether we can expect lower female literacy districts to 'catch up' with their high female literacy counterparts. Further, taking into account a single state, also controls for a variety of factors such as institutions, structures, political climate, and social structures that can cause outcome indicators such as enrolment, attendance and dropout, to vary across states.

Primary data regarding total enrolment of all children was collected over a period of 7 years starting from 1994-95 until 2000-01.[3]

The following assumptions were made in the analysis of available data: (i) the socio-political environment of the country and local environment have similar impact on the overall developmental process of the villages of the selected districts in the state; and (ii) variation in the population density and spatial distribution of villages in the districts will not have any impact on the outcomes of the DPEP programmes in the sample villages, since they are randomly selected.

Effect on Female Enrolment

The evidence we have collected is from all government schools we visited in the villages, and aggregated at the level of districts. Figures 2 and 3 show gender differentials in enrolment in the two districts of study. They show an increase of 8.17 percentage points in the enrolment of girls in the high female literacy district (Betul) over 1994-95 to 2000-01 while the low female literacy rate district shows an increase of 13.13 percentage points in enrolment over the same period. This shows that the rate of gain is better in the low female literacy district with regard to enrolment. The gain is higher in the low female literacy district as the starting enrolment there is lower than that in the high female literacy district. In terms of percentage change, the gain in the female-literacy district is (41 per cent) twice more than that in the high-literacy district which experienced a 8.17 percentage point increase (or a 21 per cent increase).

In the low female literacy district, Sidhi, in 1994-95, the overall enrolment of girls was 32.18 per cent against 67.82 per cent of boys while enrolment of girls increased to 45.31 per cent against 54.69 per cent for boys in 2000-01. This means the gap between the boys and girls that was 35.14 per cent points in 1994-95 has been reduced to a mere 9.38 per cent points in the year 2000-01 (Figures 2 and 3). Note that proportion of schools with no female teachers declined in the low female literacy district from 70 per cent in 1996-97 to a mere 45 per cent in 2000-01, directly as a result of DPEP intervention. This could be part of the explanation for increasing female enrolment.

The above finding is very significant in terms of justifying the relevance of DPEP programme for bringing more girl children to schools. The implications of this finding are that the programme facilities, duration and strategies have been successful in reducing the gender gap and can be used as a model for improving status

Table 3: Selected Socio-Economic Indicators of MP and All-India, 2001

Data	Madhya Pradesh	All-India
Total population	60,385,118	1,027,015,247
Male population	31,456,873	531,277,078
Female population	28,928,245	495,738,169
Density of population	196	324
Females per '000 males	920	933
Rural population in total population (per cent)	73.33	72.22
Total literacy (per cent)	64.08	65.20
Male literacy (per cent)	76.50	75.64
Female literacy (per cent)	50.55	54.03

Source: Official Website of Census of India.

Figure 4: Gender Differential in SC Enrolment, Betul

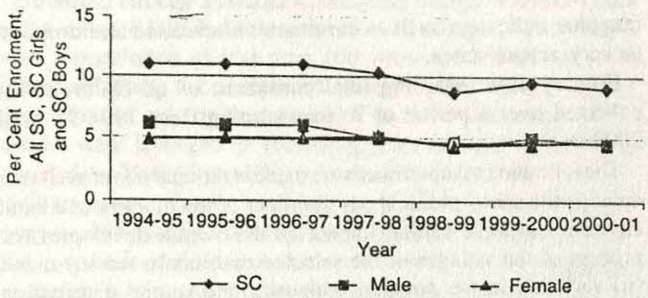
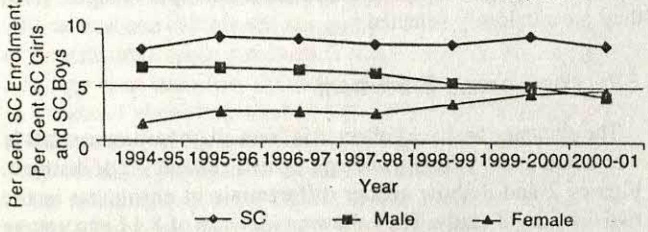


Figure 5: Gender Differential in SC Enrolment, Sidhi



of primary education in socio-educationally backward districts and states.

This finding shows that backward areas can be expected to catch up with others. One reason for this is methodological innovation. Low literacy areas, similar to the developing countries of the world, have some advantages of being latecomers to literacy. This is because they need not 'reinvent the wheel' again and can emulate the practices and processes adopted by other, higher literacy areas (e g, universal literacy campaign) to catch up with them.

We use the index of gender equity (IGE) to assess the extent to which gender disparities in school enrolment have decreased. IGE is defined as $100 \times \frac{\lambda_e}{\lambda_p}$, where λ_e refers to the share of girls in enrolment in primary classes, and λ_p refers to share of girls in population in the age group of 6-11 years. A value of 100 for IGE shows perfect gender equity. An IGE value greater than 100 shows gender equity favourable to girls since it indicates that girls' share in enrolment is greater than their share in the population.

Secondary data shows that the IGE for both the districts in MP is within the accepted limits (Table 4), although it is better for the high female literacy than for the low female literacy district. Again here, the low female literacy district's increases in the IGE over the 1997-01 period are much steeper than one observes from Table 4 for the high female literacy district. This should be treated as positive sign of the impact of the DPEP programme, with the stated caveats.

Overall, despite the reducing gender gap in enrolment, we note that the proportion of boys continues to be higher than the share of girls in all the villages. This gender imbalance in the population at large is due to inadequate attention paid to female health (see data on females per 1,000 males, Table 3, for instance).

Status of SC Students

The trend of enrolment of SC students is not different from that for other students in the sample (see Figures 4 and 5 for trends in all SC, SC girls and SC boys' enrolment in the districts). These data show that the gender differential between SC girls' enrolment and that of SC boys, is continually narrowing. The low female literacy district that started off in our study period having low female SC enrolment, gradually increased to match that of SC boys (Figure 5). In this low female literacy district, female SC enrolment jumped from 1.65 per cent in 1994-95 to 4.66 per cent in 2000-01. Could this be attributed to the intervention of DPEP, or, is it merely 'catching up,' is a question.

Consider this: if DPEP intervention could have 'caused' the performance in the low female literacy district, the same performance could not be replicated in the higher female literacy district, where SC girls' enrolment that was only 4.85 per cent in 1994-95 declined to a further low of 4.64 per cent in 2000-01 (Figure 4). This simply means there was no increase in the proportion of female SC enrolment in seven years in the high female literacy district, Betul! This does lend support to the 'catching up' hypothesis rather than DPEP interventions.

Figure 6: Gender Differential in ST Enrolment, Betul

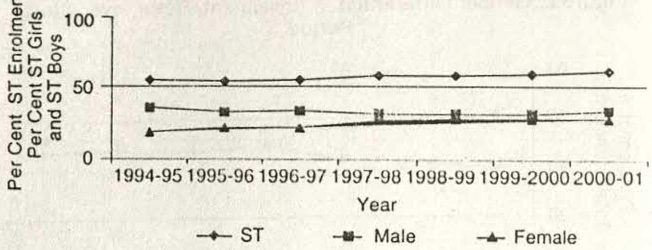
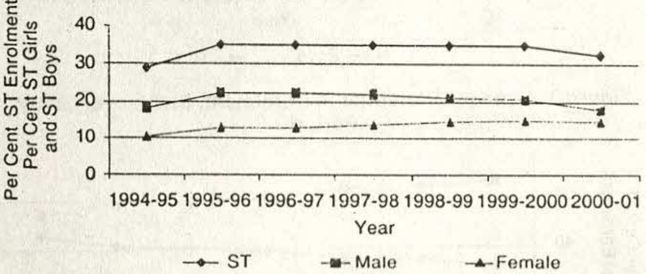


Figure 7: Gender Differential in ST Enrolment, Sidhi



Status of ST Students

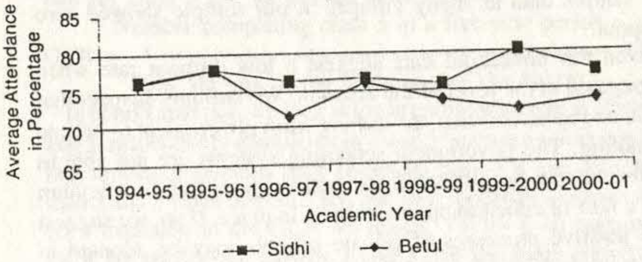
Overall, there was an increase in the enrolment of ST students in the two districts over the study period (Figures 6-7). Comparative analysis of the enrolment of ST boys and girls separately for each of the districts show interesting results. There is visible decrease in the enrolment of ST boys in both districts; ST girls' enrolment has been slowly increasing in both. The increase in the enrolment of ST girls is much (49 per cent increase) higher in Betul in seven years (that is, increased from 18.58 per cent

Table 4: Gender and Social Disparities in MP Districts

Indicator	1997-98	1998-99	1999-2000	2000-01
Betul				
IGE	94.3	94.8	96	96.3
ISE SC	120	114.3	109.7	109.9
ISE ST	95.1	99.7	104.9	105.6
Sidhi				
IGE	77.5	84	88	91.1
ISE SC	108.9	115.7	120.3	120
ISE ST	87.7	93.6	94.3	93.4

78

Figure 8: Comparison of Female Attendance in MP Districts, over Study Period



in 1994-95 to 27.76 per cent in 2000-01, Figures 6 and 7) than in Sidhi, where it increased by only 39 per cent. Here, Betul appears to enjoy traditional advantages of a high female literacy district (e g, greater number of female teachers) in attracting increasing ST female students in enrolment, more rapidly than its low female literacy counterpart.

However, the decrease in enrolment of ST boys is greater in Betul in a span of seven years than that in the low female literacy district (Figures 6 and 7). Holding total enrolment constant, a decrease or constant growth in boys' enrolment is indicative of more and more girls joining schools. However, if the goal is to universalise elementary education, then the objective should be to increase total enrolment.

Thus our data show that DPEP programme most likely facilitated (if not 'caused') the enrolment of girl students more than that of boys, which is an important social objective DPEP aims to attain. While it is an important social objective to increase female enrolment, the bottom-line is to increase total enrolment. It appears that so far, DPEP interventions have been one-sided and have focused on increasing female enrolment (all caste categories). If this were to be true, the spirit behind SSA would be lost.

DPEP and Social Development

The Index of Social Equity (ISE) is defined quite similar to IGE. ISE is defined in a similar way, $100 * \frac{\lambda_e}{\lambda_p}$, where λ_e refers to the share of *SC/ST enrolment* in enrolment in primary classes, and λ_p refers to share of SC/ST in population in the age group of six to 11 years. This ratio adjusts enrolment data according to the proportion of a particular social group in the population. A score of more than 95 indicates near absence of inequities due to caste/ tribal affiliation. A value of 100 for ISE shows perfect social equity. An ISE value greater than 100 shows social equity favourable to SC/ST students since it indicates that their share in enrolment is greater than their share in the population.

Table 4 presents index of gender and social equity for three years for the districts in MP, based on secondary data.[4] The table suggests that Betul is more socially equitable than Sidhi and has maintained an edge over Sidhi in girl enrolment with a score of 96.3 in 2000-01; Sidhi has shown a better growth rate by reaching to 93.1, suggesting that more girls have joined schools during the project period. Both Betul and Sidhi have ISE favourable to SC students, suggesting that SC students are better represented in enrolment, than their share in the population. Again, Betul has better representation of ST enrolment than Sidhi that needs to bring more girl and ST children to school. Betul enjoys its traditional advantages here.

In understanding these results, remember, however, that ISE/ IGE are useful indicators only when the population of SC/ST or girls is more than 5 per cent. A limitation is that the proportion of girls and the population SC/ST is not available from year to year. Therefore, results should be read with that limitation.

In fact, as was found in the cohort analysis, reasons for coming to school or dropping out are many; DPEP has made significant contribution in making socially deprived caste students reach school. Thus, while we believe that catching up in female enrolment by low female literacy areas with that of high literacy counterparts could be a natural, evolving, outcome DPEP interventions however have largely resulted in narrowing the social disparities (SC, ST with others) that existed in the pre-DPEP period.

VI
Trends in Attendance Rate

Attendance is an outcome variable of interest for school administrators. The assumption is that children coming to schools learn. In the present study we have collected attendance data from attendance registers of schools.

The results from comparison of attendance figures across the various districts in our study support the 'catching up' hypothesis. See Figure 8, which compares female attendance in the two districts of MP. It shows that although both started off in our study period with similar average attendance for female students, and continued with identical trends for a year, they diverged after that. While both the districts have a significant proportion of schools reporting a lower average attendance in the year 2000-01 when compared to 1994-95, the low female literacy district reported higher female attendance for all subsequent years in our study period, than the high female literacy district! Even when we look at ST student attendance, the low female literacy district in MP scores (although marginally) over the high female literacy district for both female and all children, as relatively higher proportion of schools reported 80 per cent or more as average attendance.

Non-SC and non-ST children have relatively better attendance rate than SC and ST children in both the districts we have studied.

There is a clear case for watching groups that have reported low average attendance in schools. Mid-day meal is one incentive already in place. For a quick overview of mid-day meal schemes in the various states and some implementation problems, see Sridhar and Singh (2003). School climate, vigil on absenting children by VEC members and community members, and greater parental co-operation, are necessary in increasing retention.

Dropout Rate according to Gender

Children who do not complete primary education in five years, would have either abandoned schooling (dropped out) or may be repeating in one or the other grade. We attempt to understand profile of dropouts – the grade at which they quit and the reasons for quitting, so that we can propose corrective steps, to prevent dropouts. It is obvious that children who quit at classes 3 or 4 may retain some literacy and numeracy when compared to those that quit during classes 1 or 2.

In the present study, we examined the incidence of dropout and variation across gender, if any. The source of our data was the attendance registers of seven years (1994-2001) maintained by government schools, and scholar registers used for maintaining

admission, progress and transfer or termination records. Data were obtained for three different cohorts starting class I from the years, 1995, 1996 and 1997, which were followed until they reached class 5 (see section on methodology), to calculate dropouts. Students who left without transfer certificate or without passing out class 5 were treated as dropout students. The dropout rate has been calculated as follows:

$$\text{Dropout Rate} = \frac{\text{No of dropouts in relevant class}}{\text{No of students starting in class I}} \times 100$$

The dropout rate was examined for three cohorts starting their class I in 1995, 1996 and 1997. We compare dropout rates across the two districts. Interestingly enough, we find that there are no dropouts (either male or female), in any cohort starting class I in 1995, 1996 or 1997, in any of the districts we study. Soon after class one is over, however, problems occur in all cohorts across districts. Dropout rates monotonically increase with class within all cohorts. One strongly suspects problems with curriculum in higher classes or in teacher communication to children.

In the high female literacy district, dropout rates for female students on average, are always higher than they are for male students, whereas in the low female literacy district, dropout rates are lower for female than for male students on average, for all cohorts, except 1996 (Tables 5-7). It is only in the 1996 cohort that Betul exhibits the traditional advantages of high female literacy (e g, more female teachers) and Sidhi, disadvantages of low female literacy to begin with. In the 1996 cohort (Table 6), female dropout rate is lower than that for males on average in the high female literacy district, whereas in Sidhi, female dropout rate is higher than male dropout rate, on average. It does appear that 'catching up' in terms of reduction of female dropout has been made by the low female literacy district, in the 1995 and 1997 cohorts. Whereas in the 1996 cohort, DPEP may not have made significant impacts in reducing dropout rates of female students in the low female literacy district that continues to be a problem.

Careful examination of Tables 5-7 also reveals that the goal of less than 10 per cent dropout rate is yet to be achieved in the low female literacy district.[5] One redeeming feature, however, is that more villages have been experiencing zero or close to zero dropout rates in classes 1 and 2, in both the districts.

VECs and parents need to keep a vigil on schooling habits of their children. There is a greater need to bring girls back to government schools, by increasing their attractiveness (e g, recruitment of more female teachers). Remember that dropout rate calculated here implies dropout from government schools only, and does not refer to children out of school, as these children may have enrolled in private schools, recognised or unrecognised, without getting a transfer certificate, and would be counted as dropout. In any case, the lack of study of the counterfactual has to be borne in mind while interpreting these findings from the study.

The secondary data from Betul, suggested that a dropout rate of 9.34 per cent in 1994 had come down to 3.39 per cent in the year 2000-01, with dropout rate of 3.14 per cent for boys and 3.64 per cent for girls. The low female literacy district reported as low as 3 per cent dropout rate in 2000-01 and 2.6 per cent for boys and 3.5 per cent for girls in primary classes. It seems reasonable to assume that district level secondary data reflect more or less similar phenomena as are available in the sample data as many villages in our sample showed zero dropout.

Even our household data suggest a low dropout rate when aggregated at the level of the districts. We strongly suspect that more and more children are shifting from government to private schooling. The government schooling systems are not able to retain children despite having trained teachers, good curriculum and a host of educational innovations in place. If so, we suggest that positive processes of private schools may be adopted in government schools, and that private initiative in education be encouraged if they meet certain specified standards.

Grade Completion Rate (GCR) by Gender

Grade Completion Rate (GCR) is an indicator of school efficiency. Grade completion is defined as the proportion of students that complete nth grade in n years, against the number of children

Table 5: Dropout Rates in 1995 Cohort across Districts
(Per cent)

		Betul (MP)	Sidhi (MP)
Dropout at class 1	Male	0.00	0.00
	Female	0.00	0.00
Dropout at class 2	Male	0.70	4.87
	Female	4.14	1.48
Dropout at class 3	Male	1.34	5.93
	Female	6.01	2.94
Dropout at class 4	Male	2.88	10.77
	Female	7.58	13.27
Dropout at class 5	Male	2.60	10.48
	Female	8.44	10.85
Average	Male	1.50	6.41
	Female	5.23	5.71

Table 6: Dropout Rates in 1996 Cohort across Districts
(Per cent)

		Betul	Sidhi
Dropout at class 1	Male	0.00	0.00
	Female	0.00	0.00
Dropout at class 2	Male	1.92	3.22
	Female	0.00	4.66
Dropout at class 3	Male	2.69	7.50
	Female	0.70	15.60
Dropout at class 4	Male	5.14	9.25
	Female	0.70	11.31
Dropout at class 5	Male	3.95	9.14
	Female	7.11	11.62
Average	Male	2.74	5.82%
	Female	1.70	8.64

Table 7: Dropout Rates in 1997 Cohort across Districts
(Per cent)

		Betul	Sidhi
Dropout at class 1	Male	0.00	0.00
	Female	0.00	0.00
Dropout at class 2	Male	0.00	2.63
	Female	1.67	0.00
Dropout at class 3	Male	1.68	8.61
	Female	2.93	9.45
Dropout at class 4	Male	3.01	9.83
	Female	3.36	2.99
Dropout at class 5	Male	3.87	13.00
	Female	4.10	8.22
Average	Male	1.71	6.81
	Female	2.41	4.13

80

at the beginning of the cohort. For example, grade completion rate for class 5 can be arrived at as follows:

$$\text{GCR} = \frac{\text{Number completing class 5 in a five-year period}}{\text{Total starting at the beginning of the cohort}} \times 100$$

In cohort analysis, we look at grade completion rate at classes 3 and 5, respectively completed in 3 and 5 years only. It is possible that repeating students may complete classes 3 and 5 in more than 3 and 5 years respectively, but such repeating students have been excluded in the GCR we report. Tables 8-10 summarise GCR by gender, for classes 3 and 5, for the three cohorts we have studied – cohorts starting class I in 1995, 1996 and 1997.

We can readily make certain observations regarding GCR based on cohort-level data:

(i) GCR increases monotonically with the cohorts we have studied (that is, on average, GCR is higher for the 1996 cohort than for the 1995 cohort).

(ii) On average, the GCR for male students is almost always higher than that for female students in all cohorts, especially so at class 3.

When we examine individual differences across states, and female students' completion at class 3 as well as class 5, we find that the low female literacy district always performs better than its high female literacy counterpart, supporting the 'catching up' hypothesis again (Tables 8-10). That is, GCR has increased most sharply in districts that had a low GCR to begin with. Could this be attributed to DPEP interventions or more the outcome of natural evolution? As a direct result of DPEP intervention, note that the proportion of students in schools without blackboards in the low female literacy district had declined by half, from 30 in 1996-97 to only 17 per cent in 2000-01. Considerable effort, however, needs to be invested to increase GCR both in Betul and Sidhi as it is well below 70 per cent for both the districts.

Performance and Infrastructure

In order to determine whether there is some relationship between school-level and classroom-level infrastructural inputs and performance, we examined various performance indicators such as enrolment, attendance, dropout, and GCR, by the infrastructure factors regarding which we collected primary data.

We classified school factors into two levels, Classroom Infrastructure (CRI) and School Level Infrastructure (SLI) variables. CRI scores were generated through addition of scores on all infrastructure specific to classrooms – availability of science kit, OBB (Operation Blackboard) kit, audiovisual facilities and TLM (Teaching and Learning Material) under DPEP. Similarly, SLI scores were generated through addition of scores on school-level infrastructure – type of building, total number of classrooms, rooms with furniture for teachers and blackboard, rooms with students blackboard, availability of drinking water, toilet in working condition, separate toilet for girls, water in toilet, electricity, boundary wall, playground, number of books per child in the library, first aid kit, sports equipment, and musical instruments. Correlations were computed between various outcome variables, CRI and SLI for both districts. We did not perform regressions as we did not have an access to all data on exogenous variables that explain enrolments. Further, econometric identification could be a problem if one were to estimate all performance measures.[6] Regressions of performance-based measures such as enrolment, that explain the demand for schooling are not really new, and are found in Sridhar and Singh, 2002.

In Betul (MP) (Table 11), SLI is positively related with enrolment in all categories, i e, SC, ST, boys', girls' and total enrolment, implying that schools with better infrastructure had higher enrolment. It is not clear, however, if this can be attributed to DPEP interventions. This is because, data from the RGSM on DPEP's contribution to infrastructure facilities show that it contributed to 42 per cent of the total number of primary school buildings in Betul district, with the remaining being contributed by EGS schools. The relationship between enrolment and CRI, however, revealed a surprising and negative correlation. Better CRI is correlated with reduced attendance of children in general (all categories). The possible explanation for this negative correlation is that schools with more enrolment did not care to maintain classroom teaching aids while newer schools had these facilities but fewer children were coming to these schools.

Table 8: Grade Completion in 1995 Cohort
(Per cent)

	Completion at Class 3		Completion at Class 5	
	Male	Female	Male	Female
Betul	61.06	56.64	42.82	39.38
Sidhi	73.23	56.63	51.05	39.19
Average	67.15	56.64	46.94	39.29

Table 9: Grade Completion in 1996 Cohort
(Per cent)

	Completion at Class 3		Completion at Class 5	
	Male	Female	Male	Female
Betul	66.74	60.98	42.82	45.71
Sidhi	70.32	67.04	55.93	56.18
Average	68.53	64.01	49.38	50.95

Table 10: Grade Completion in 1997 Cohort
(Per cent)

	Completion at Class 3		Completion at Class 5	
	Male	Female	Male	Female
Betul	69.18	59.47	38.93	38.28
Sidhi	70.19	67.04	52.44	52.48
Average	69.69	63.26	45.69	45.38

Table 11: Correlation of Outcome Variables with Classroom and School Level Infrastructure in Betul and Sidhi Districts

Variables	Betul		Sidhi	
	CRI	SLI	CRI	SLI
	r	r	r	r
Enrolment SC male	-0.06	0.66*	0.10	0.16
Enrolment SC female	0.03	0.69*	-0.35	0.43
Enrolment ST male	-0.16	0.66*	-0.03	0.44
Enrolment ST female	-0.18	0.64*	0.18	0.55*
Enrolment others male	0.14	0.62*	-0.12	0.36
Enrolment others female	0.01	0.50#	0.21	0.25
Attendance SC male	-0.45	0.26	-0.13	-0.06
Attendance SC female	-0.38	0.23	-0.16	0.39
Attendance ST male	-0.06	-0.17	-0.05	0.38
Attendance ST female	-0.27	0.08	-0.03	0.22
Attendance others male	-0.67**	0.11	-0.50#	0.06
Attendance others female	-0.63*	0.21	-0.39	-0.02
GCR male	0.22	0.02	0.78**	0.31
GCR female	-0.28	-0.17	0.10	-0.03
Dropout male	-0.04	0.13	-0.48	0.45
Dropout female	-0.22	-0.29	-0.27	0.29
Total enrolment	-0.04	0.84**	0.05	0.69**
Total male enrolment	-0.01	0.87**	-0.13	0.68**
Total female enrolment	-0.07	0.79**	0.25	0.62
Classroom infrastructure	1.00	0.06	1.00	-0.01
School infrastructure	0.06	1.00	-0.01	1.00

Note: #p<.10, *p<.05, **p<.01.

In the lower female literacy district of MP, total enrolment (Table 11), that of boys and girls, were positively related with SLI suggesting that better school infrastructure was associated with increase in enrolment. In Sidhi, DPEP may have contributed to better infrastructure, since it contributed to 77 per cent of all primary schools, according to data from the RGSM. CRI revealed a similar trend as in Betul although it was not statistically significant. Remember, however, that in correlation analysis, we are not trying to predict enrolment, given information on SLI and CRI, but are only interested in studying the strength or the degree of the linear association between SLI/CRI and various performance variables.

The results nevertheless suggested classroom and school level infrastructure might be important in creating an environment conducive for learning, but their pattern of relationship might be other than a simple linear one.

VII
Access and Enrolment

Gross Access Ratio (GAR)

We examine if DPEP enabled better access to primary education among the districts we studied, in terms of the stipulated norms, set by the World Bank, based on secondary data available.

At the state level, prior to the intervention of DPEP, MP had a backlog of 30,000 accessless habitations. In predominantly tribal Betul, prior to commencement of DPEP in the year 1994-95, district educational officials had identified 758 access-less habitations having no primary educational institution within the stipulated one km radius. Within two years time the backlog has been cleared. By August 1998, MP had declared 100 per cent access to primary education through its innovative intervention of EGS, with its 22,141 primary schools and 11,686 EGS schools.[7] The new institutions are so located that they cater to the schooling needs of unserved habitations. Thus 100 per cent GAR has been attained in Betul and Sidhi in the year 2000-2001, which is directly an outcome of EGS intervention. Table 12 shows that the contribution of DPEP to access is minimal in both the districts, when compared to that of EGS. Specifically, EGS may have had a larger impact in terms of access in the low female literacy district. Conscious interventions such as these in the districts we studied have helped enhancing quality of schooling and GAR.

GER and NER

Gross and net enrolment rates are the two most popular indicators for measuring progress toward universal enrolment. Both the indicators relate enrolment to age specific population. While GER uses the ratio of total enrolment (including all age groups) to population size in the school going age group (6-11 in the case of primary schooling). NER uses the ratio of enrolment in the age group 6-11 to population size in the school-going age group. GER is always higher or at most equal to the value of NER, as is clear. The highest value of NER can be 100, whereas GER does not have an upper limit.[8]

Table 12: DPEP's Contribution to Access in Phase-I Districts

District/State	New Primary Schools (DPEP's Contribution)	EGS (Including Alternative Schools)
Betul	111	408
Sidhi	210	1141
DPEP-I total (MP)	2020	11,686

District Information System for Education (DISE) data on Betul, MP, suggest that GER had always been more than 100 (except in 1999-2000), suggesting that a greater share of people outside the school-going age group were enrolled in school. NER data for 2000-01 available suggests that approximately 4.5 per cent children in the school-going age group are not in the school system in Betul.

In Sidhi, GER as per DISE data is quite low. Starting with 64 per cent in 1997-98, the district attained GER of 75 per cent in 1999-2000, which decreased to 51.4 per cent in the following year. However, Lok Sampark Abhiyan (LSA) 2000 data reveal a GER of 96.6, considering LSA uses data of NER, alternative schools, private and unrecognised schools in arriving at enrolment. Overall state level data also suggest increases in GER and NER.

This has implications for school recognition. If the objective of schools is to educate children, and more children are getting attracted towards private schools, it is better to recognise those schools, as long as they meet certain quality standards specified by the government (e g, physical infrastructure and teachers). Further, we need to examine what factors attract children to private schools, and as far as possible introduce those factors in government schools to attract children (Sridhar and Singh, 2002, for instance).

Summary and Implications

Based on our field work and secondary data, we find that 'catching up' has indeed occurred across low and high female literacy districts of MP. In other instances, interventions such as EGS have played an important role in improving access to schooling. However, where social development and SC/ST enrolment/attendance is concerned, DPEP interventions appeared to have facilitated a positive role.

We note that MP started with an overall disadvantage on educational outcomes, but due to its proper planning and follow-up, DPEP has facilitated positively, enrolment, retention, and reduced dropout, especially of female, SC and ST students, with the stated caveats. However, there is an urgent need to bring out-of-school children to school and work on improving achievement and grade completion rate. Given that poverty and lack of motivation are some major causes of non-enrolment, unless the overall economic scenario improves, DPEP itself cannot be of much help. So DPEP and other similar programmes have to be viewed in the context of the overall economic and social development of the states. EPW

Email: shail@iiml.ac.in
kala@nipfp.org.in

Notes

[The work for this paper was supported by a grant from the Ministry of Human Resources Development (MHRD), Government of India (GoI), as part of its external evaluation of the World Bank-sponsored District Primary Education Programme (DPEP). The authors thank the MHRD for the financial support, and acknowledge help from officials in the Rajiv Gandhi Shiksha Mission (RGSM), Amita Sharma, and various officials in the state project offices in MP, India, that provided their support and facilitated the field work for our data collection efforts. We thank the teachers in various schools that provided us the information that enabled cohort analysis. We thank the several households that answered our questions in our household survey. We acknowledge the help provided to us by our research assistants in various

82

aspects of the field work, data entry and analysis. Finally, we thank IIM-Lucknow and the National Institute of Public Finance and Policy for facilitating time to work on the study. Views in the paper do not necessarily reflect those of the MHRD or GoI, any errors remain with the authors.]

1 If the number of households in the target group was greater than 100 (and obviously population of village greater than 100), the following sampling method was followed to select 100 households belonging to the target group. Let V be the number of households belonging to target group in a particular village and it is > 100. Then classify the target group households into the three social categories namely SC, ST and others. Let V(1), V(2) and V(3) be the number of households belonging to SC, ST and other social categories respectively. The sample size allocated to SC category is 100 times (V(1)/V). Similarly, the samples sizes to ST and others social categories are allocated. The required number of sample households from each social category is selected using simple random sampling without replacement. We ended with a total sample size of 1,200 to 1,500 households (in 12-15 villages) in each of the two DPEP districts we studied.

2 A token payment was made to each local assistant per survey completed.

3 In some villages schools were not in existence since 1994-95 and therefore data could not be produced in the tables.

4 In the primary data we collect for households, information on SC/ST and their proportion in population and that in school-going age for the sampled village, are not collected. We depend on secondary data to examine trend in ISE.

5 Remember that Tables 5-7 summarise only average dropout rates for districts.

6 Here we are faced with difficult choices such as: what are the factors that explain enrolment that do not affect attendance? Are there any factors that influence dropouts that do not explain enrolment?

7 Educational Guarantee Scheme (EGS) was launched in MP in 1997 acknowledging the child's right to primary education. Under EGS, the government gives a guarantee to provide primary schooling facility to children in a habitation where there is no such facility within a kilometre within a period of 90 days of receiving a demand for such facility by the local community. The government guarantee includes the basic constituent of an EGS school: the teacher called Guruji in 1:40 teacher-pupil ratio, teacher training, free teaching learning material and an operational contingency grant. The EGS builds a three-way partnership on a decentralised basis through collaboration of the state government, local body/panchayat and the community. This is a cost effective, time-bound and community-centred model of primary education.

8 Since we do not have complete information regarding population of school-going children for the sample villages, we cannot discuss GER and NER at the village level, based on primary data we collect. Also note that GER and NER reflect data pertaining to enrolment in government and recognised schools only.

References

Aggarwal, Y (2000): *An Assessment of Trends in Access and Retention*, National Institute of Educational Planning and Administration, New Delhi.

– (2001): *Progress towards Universal Access and Retention*, National Institute of Educational Planning and Administration, New Delhi.

Leclercq, Francois (2003): 'Education Guarantee Scheme and Primary Schooling in Madhya Pradesh', *Economic and Political Weekly*, May 10, pp 1855-69.

Sarangapani, Padma M and A R Vasavi (2003): 'Aided Programmes or Guided Policies? DPEP in Karnataka', *Economic and Political Weekly*, August 9, pp 3401-8.

Singh, Shailendra and Kala S Sridhar (2002): 'Government and Private Schools: Trends in Enrolment and Retention', *Economic and Political Weekly*, 37 (41), October 12, pp 4229-38.

Sridhar, Kala S and Shailendra Singh (2002): 'Demand for Government and Private Schools: Evidence from Rural India', *Journal of Educational Planning and Administration*, 16 (2), April, pp 257-76.

– (2003): 'Knowledge-Hungry Yes, Food-Hungry No', *The Hindu Business Line*, October 3, 2003.

83

EDUCATION

OPINION

Elementary Education: Progress and Challenges

R Govinda

While the overall assessment presents a reasonably good picture, the goal of UEE does not appear to be close enough to be reached in a short time period

STRUGGLE TO achieve the goal of universal elementary education in India began during the colonial period led by the rulers in some of the princely states and nationalist leadership involved in independence movement. Yet, planned efforts in real terms with concrete policy of mass education that ensures elementary education for all children became a reality only after the country got independence in 1947. Initially it appeared to be an achievable target within a short period of time. But, as years passed the pursuit of the goal became more complicated with the ever-burgeoning population. While the adult literacy rate and enrollment rate in primary schools consistently increased, population grew even faster and the absolute number of illiterates in the country also continued to rise. It is for the first time in 2001 that the census figures revealed a substantial reduction in the number of adult illiterates in the country.

The 1990s witnessed very intensive level of activities on the elementary education front leading to substantial improvement in the participation of children, and also in overall literacy figures. Probably buoyed by this improvement, the Tenth Plan set very stiff targets to be achieved in terms of almost all indicators, namely, availability of schooling facilities, enrollment and retention as well as gender parity.

That the national leadership gave highest priority to achieving Universal Elementary Education (UEE) in the shortest period of time is quite evident from its inclusion in the Constitution as a time bound target to be reached within ten years. Where has the fifty years of development planning brought the country in meeting this basic goal? Why has the country not yet reached the goal even in terms of gross enrollment? It is important to remind oneself of these questions while assessing the progress being made in any Plan period.

Notwithstanding the expectation set in the Constitution to achieve the UEE benchmark within ten years, it should be recognized that the country began at an abysmally low level in 1950 with respect to adult literacy rates and participation of children in schooling.

Mr R. Govinda is Senior Fellow and Head, School and Non-Formal Education Unit, National Institute of Educational Planning and Administration (NIEPA), New Delhi.

Elementary Education: Then and Now

Indicators	1950-51	2000-01	2001-02	2002-03
No. of Elementary Schools	2,23,600	8,45,007	8,83,667	8,97,109
No. of Teachers in Elementary Schools	6,24,000	32,23,443	33,95,995	34,88,148
Enrollment in Primary Schools (in millions)	19.20	113.83	113.90	122.13
Enrollment in Upper Primary Schools (in millions)	3.00	42.81	44.80	46.95
Enrollment at Elementary School Stage (in millions)	22.20	156.64	158.70	169.08

Source: Selected Educational Statistics: 2003-04, MHRD, GOI, New Delhi; and Education in India, MHRD, GOI.

The progress since then has been steady though not satisfactory. The literacy rates in India touched 65.38 per cent in 2001 from 52.21 per cent in the preceding decade. The increase of 13.2 per centage points is the highest in a single decade since 1901. Literacy rates among males and females are 75.65 per cent (up by 11.72 per cent) and 54.16 per cent (up by 14.87 per cent) respectively in 2001. The gender gap has narrowed down from 28.84 per centage points in 1991 to 21.70 per centage points in 2001. Kerala continues to have the highest literacy rate of 90.92 per cent and Bihar has the lowest literacy rate of 47.53 per cent.

The primary and upper primary schooling facilities have been expanded to cover small and unserved habitations in remote rural areas. According to the Flash Report of the Seventh All India Educational Survey, 2002 the per centage of habitations having primary schooling facility within them is 53.48; and 87.53 per cent of habitations have primary schooling facility within or at a walking distance of one km. Upper primary schools/ sections are found located in 19.1 per cent of the habitations, and 78.12 per cent of habitations have upper primary schooling facility within or at a distance of 3 km. The ratio of upper primary schools to primary schools has improved to 1: 2.7 in 2002.

In addition, there is a large number of Alternative and Innovative Education (AIE) centres, Education Guarantee Scheme (EGS) centres and unrecognized schools which impart both primary as well as upper primary education, the former for children who, because of their circumstances, cannot enter full time schooling. Under the EGS/AIE, 6.64 million children have been covered as on March 2004 (MHRD, Annual Report 2003-04). In spite of the substantial expansion of elementary education, disparities among and within states prevail. There are also gender and social disparities in access to elementary education. Even after this remarkable progress in the coverage of elementary school age children in recent years, many children in the age group of 6-14 still remain out of the school. According to the Annual Report (2003-04) of the MHRD, the number of out-of-school children is estimated to be around 23 million.

The high dropout rates at the primary and upper primary levels continue to be the major concern even though the rates are decreasing steadily. The dropout rate at primary level has decreased from 40.07 per cent (39.7 per cent for boys and 41.9 per cent for girls) in 2001-02 to 35.06 per cent (36.0 per cent for boys and 33.32 per cent for girls) in 2002-03. At the upper primary level, the dropout rate has marginally decreased to 52.79 per cent (52.28 per cent for boys and 53.45 per cent for girls) in 2002-03 from 53.7 per cent (50.3 per cent for boys and 57.7 per cent for girls) in 2001-02. In spite of the policy of no detention up to Grade V, a large number of children continue to repeat grades.

While the overall assessment presents a reasonably good picture, the goal of UEE does not appear to be close enough to be reached in short time period, without significant change in strategy and increase in financial terms.

Targets and Disparities

The *Sarva Shiksha Abhiyan,* which is the flagship programme of the national government, promises to achieve the goal of UPE by 2007 and the goal of UEE by 2010 (five years ahead of the international commitment made at Dakar). Importance of setting credible targets needs no special emphasis. However, even a cursory review of past performance in meeting preset goals for the Five-Year Plans shows that it has invariably been a story of unkept promises. This does not mean that no progress has been made. Some states would move quite close to the target by the end of the plan period while some others would remain far behind. The right approach would be to replace the current practice of setting global target timelines for the whole country with disaggregated targets for different states and UTs. This would inject the much needed sense of realism to the whole exercise of assessing the

magnitude of the task and setting time frames.

It should be recognized that the Indian scenario is too complex and varied to be effectively captured through aggregate national figures. On the one hand, there is Kerala showing a literacy rate of above 90 per cent, gross enrollment ratio of 103 per cent at the primary stage, practically every child attending primary school, and almost every school having at least five teachers and five classrooms. At the other end of the spectrum, there is Bihar where only one out of two children in the relevant age group is in the school. Towards the end of the 1990s, it was estimated that three fourth of the out-of-school children lived in six states of the country, namely, Andhra Pradesh, Bihar, Madhya Pradesh, Rajasthan, Uttar Pradesh and West Bengal. Gender disparity was as high as 42 per centage points for enrollment rates in Bihar and 31 per centage points in Uttar Pradesh but was only 3 percentage points for Kerala and 5 percentage points in Punjab. Has the situation significantly changed?

Estimates derived from the 7th All India Education Survey reveal a very similar story in 2002–03. Nearly 69 per cent of out-of-primary school children are concentrated in seven states, namely, Andhra Pradesh, Bihar, Jharkhand, Madhya Pradesh, Rajasthan, Uttar Pradesh and West Bengal. Bihar and Uttar Pradesh alone account for 33.87 per cent of out-of-school children at the primary stage. Surprisingly, with respect to girls' education, some of the states like Gujarat and Haryana have regressed in recent years falling below the national average. Thus, the problem of UEE continues to be one of inter-state disparities. That they have persisted in spite of five decades of development planning highlights the need for serious rethinking on the overall strategies adopted for education development.

Girls' Education

Recent assessments show that girls' participation in schooling has improved significantly during the last 10-15 years. However, the Global Monitoring Report of UNESCO on progress towards EFA goals considers the progress to be far from satisfactory and declares the country to be at risk of not achieving the goal of gender parity and equality. Are the strategies for girls' education pursued appropriate?

It is important that a gender perspective is incorporated into all aspects of planning. For instance, in order to promote girls' participation in schooling the Operation Blackboard Scheme required that the second teacher appointed to any primary school with one teacher would be a woman teacher. Early 1990s also saw the emergence of explicit programmes for women's empowerment such as the *Mahila Samakhya* as means of improving participation of girls in schools. Unfortunately, no effort has been made to capitalise on the achievements made through these by incorporating complementary measures to retain girls in schools through the full cycle of elementary education.

The new gender specific programmes under the Tenth Plan, namely, NPEGEL and KGVS represent positive steps in this direction. However, the programmes are just taking off. Second, the coverage under the two programmes is likely to be quite limited whereas the problem of girls' participation is widespread covering even states which are otherwise well placed in education development. The problem of non-participation of girls in schooling has been well explored and the causes are known. While inaccessibility of schooling facilities is one of the causes, tackling deeply entrenched social factors is a greater need in many areas.

It is essential that Five-Year Plans do not become vehicles for fighting fiscal crisis of state governments. Plan inputs should add value to the existing system in a cumulative fashion and incrementally transform the system over a period of time in the desired direction. As plan implementation progresses one should be able to clearly perceive the improvement in the system. *Ad hoc* measures cannot drive long-term progress. But, unfortunately, contingency measures seem to dominate the Tenth Plan proposals distorting not only the trajectory of progress but also the whole process of planning and budgeting.

Appointment of para-teachers in several states using the Tenth Plan funds is one such short-term strategy adopted essentially as a cost saving measure by many state governments. These teachers are recruited often without ensuring the accepted norms of qualification and on short-term contracts with lower levels of salary as compared to regular teachers. In several states, thousands of para-teachers have been appointed through SSA funds. Further, such teachers are also being appointed in several states against posts of regular teachers. These developments have begun to distort the field situation in several ways. First, it hides the real magnitude of the problem to be addressed in the long run, in financial terms. Second, it distorts the shape of the budget by projecting teacher salary which should in the normal course be part of the recurring expenditure as plan expenditure, unlikely to be absorbed as non-plan component as they are on contract basis. Third, this places the evolution and strengthening of a professional community of teachers in serious jeopardy. In fact, it needs to be explored if such measures have brought down the

86

non-plan expenditure of the state, particularly towards teacher salary, which traditionally accounted for most of the expenditure on education.

Programme and Strategies

Should the state governments be encouraged to draw up their own programmes and strategies as part of the Five-Year Plan cycle and the centre should only support to the extent assistance, if needed at all? Or, is it more desirable to present a total and probably common package drawn up at the national level to all states with some option for choosing the relevant components from the package? The SSA seems to have pre-decided the path by binding the country as well as the states to go with the large basket of programmes as the route to progress towards UEE.

Considering that education is under the concurrent list and the centre has rightly provided high priority to elementary education, appropriateness of a proactive approach by the centre in designing development activities in the sector cannot be questioned. However, if past experience of implementing centrally sponsored schemes is any indication, there is a danger that, after initial enthusiasm, state governments may begin seek financial resources under SSA but loose interest in and ownership of the programmes and actions in the field. One wonders if the proactive approach of the centre would be taken by many states as a license for them to be inactive.

If SSA should not degenerate into such a level, it is imperative that the programme is subjected not only to thorough evaluation at periodic intervals but also frequently refurbished with new ideas and innovative strategies, which are locally derived. It is important to recognise that there is no pan-Indian solution for the problem of UEE. The real test of SSA would be its adaptability to the changing contexts of different states and its ability to enthuse the state governments to continuously innovate the strategies for demanding central assistance. This would also imply that the norms for support under SSA should have the flexibility to accommodate new initiatives at district and sub-district levels. Also, these should carry full endorsement of the state government authorities. At present, the District Education Plans are prepared largely keeping in view the prescribed national norms rather than local necessities; the activities are viewed as project activities under SSA (similar to the perception under the DPEP). This perception has to change. The dichotomy between project activities and components of regular programme of the state government has to disappear. Probably, there is greater need to decentralize the designing of inputs to the SSA depending on the needs of individual states and greater level of involvement of state level professionals in review and revision of programmes. The monolithic view of SSA needs to be replaced by a truly pluralistic perspective as an all encompassing and also largely accommodative programme.

Reworking Partnership

The idea of centre-state partnership in implementing development programmes through sharing of finances is a positive step towards gradual take over of all activities by the state government. During the Ninth Plan period, no uniform principle was adopted for all programmes, while the DPEP was made operational with the formula of 85:15 for sharing finances between the centre and the state governments. However, integration of all national programmes for elementary education under the umbrella of SSA irrespective of whether the funds are drawn from national or international sources also brought in new norms of sharing between the centre and the state. Following the SSA guidelines, the Tenth Plan initiatives operate under the formula of 75:25 between the centre and the state governments. This is expected to be moved to a 50:50 formula during the Eleventh Plan.

How is the approach for sharing working? There is no systematic assessment made of the impact of the funding formula on implementation of the programme in different states. It should be noted that the situation with respect to internal finances of the state government varies widely. A common point made is that a uniform formula is not helpful for promoting faster progress in educationally backward states, which are also poor in their economic status. Fall out of such a situation is that it would further increase disparities in education development among different states.

It is urgent that a careful analysis of the impact of the current formula for sharing of resources on progress towards UEE is taken up so that an appropriate strategy can be formulated in preparation for the Eleventh Plan. Recent experiences have raised several issues on state initiated spending on elementary education development. In the final analysis, progress in school education will almost entirely depend on the state governments. While central support to elementary education development has consistently increased, it is unclear how different state governments are investing their resources for the development of the sector. In fact, recent steps taken by several states in virtually dismantling the professional cadre of teachers by appointing para-teachers, essentially as cost saving measure, raises serious questions on the wisdom of investing plan funds without adequate commitment from the state government. One gets the impression that fighting hard to ward off current deficit is

87

driving some of the states to completely depend on central grants for even minimal expansion of the system to accommodate the growing demand for elementary education. It is necessary to conduct a detailed analysis of state expenditure on elementary education. How much investment is being made by individual state governments towards building a sustainable system of elementary education in terms of infrastructure development and maintenance, teachers and teaching learning material and so on? It is important to note that, with increased demographic pressure, the demand for school places would also increase. How are the states prepared financially to face the situation? What level of contribution would be required from the centre in each state if a sustainable system of elementary education has to emerge?

Challenges

It appears that under pressure to meet national and international commitments, the progress towards UEE is being viewed unduly in terms of meeting quantitative targets. There seems to be inadequate focus on schooling processes and outcomes. Central as well as state governments are heavily preoccupied with reporting the progress in terms of expansion of the schooling facilities and coverage of children in the relevant age group.

This supply-oriented approach to development of elementary education, to a large extent, has overlooked critical processes that could make significant difference in improving the internal and external efficiency of the school system. What is the extent of efforts made during the plan period to improve management of schools and teaching-learning processes in the classroom? Are schools functioning better now than earlier? What efforts have been made to make functional decentralisation a reality, particularly in educationally backward states? Have any improvements in the utilisation of resources at the sub-district and school levels taken place? What state specific interventions have been taken to improve internal efficiency of elementary education?

Any attempt to assess progress towards UEE in the Tenth Plan needs to probably focus more on these aspects, rather than on quantitative indicators. Even from cursory observations, it is clear that states which have addressed such issues relating to UEE in the last decade have registered greater progress that are sustainable in the long run than those which have invested their attention mainly on improving quantitative targets. The two have to go hand in hand. Quantitative progress without attending to processes and outcomes would only lead to unviable and unproductive structures in the long run. ❑

MTA Recommendations for Education

- The Tenth Plan target of enrolling of all children in schools and Education Guarantee Scheme (EGS)/Alternative Innovative Education (AIE), centres by 2003 should be revised to 2005 as about 8.1 million children are still out of school.
- High drop out rates and quality of education, two main areas of concern of Sarva Shiksha Abhiyan (SSA) should be addressed through specific measures. The teacher-related issues like vacancies, absenteeism, untrained teachers and ineffective training should be addressed urgently.
- Adequate teaching-learning materials and provision of other joyful learning conditions in schools should be ensured, and the child tracking system should be intensified.
- SSA funding pattern of 75.25 between the Centre and states should be maintained till the Mission period i.e. 2010.
- The SSA guidelines should be reviewed to ensure that these optimise investment, meet output targets and cater to special regional circumstances.
- SSA should have a separate component for early child care education (ECCE), where integrated child development service (ICDS) is not in operation.
- Under mid day meals schemes (MDMS), states should ensure proper management structures and monitoring arrangements, including social audit, accountability and public private partnership.
- The factors leading to low learner's achievement, including poor classroom transactions, lack of pupil evaluation and low proportion of female teachers should be addressed effectively.
- Local community should also be involved in monitoring school performance.
- The literacy schemes like total literacy campaign (TLC), continuing education, should be transferred to the state governments along with funds.
- A new scheme should be launched as a part of literacy programmes, operated through NGOs to impart functional literacy for 35 plus age group.

Secondary Education

- A new Mission for Secondary Education, on the lines of SSA, should be considered.
- The expansion of secondary education should recognize the scope for promoting public-private partnership in view of the substantial share of private sector in secondary education.
- Suitable taxation and land policies, concessional loan programmes should be evolved.
- The focus of public sector should be on opening of new secondary schools in unserved and difficult areas and organising second shifts in thickly populated area.
- Urgent steps should be initiated to bring about reforms in curricula and review of examination system.
- The main emphasis should be on investment in teacher education, pre-

89

service and in-service training, and setting up of laboratories, libraries and greater usage of information communication technology (ICT).

- The secondary schools should focus on reorientation of vocational education and impart vocational training in non-engineering and tertiary sector activities.
- Vocational education should be geared to meet the local demands and necessary linkages with the local industry, business and trade should be established.

University & Higher Education

- The Knowledge Commission should comprehensively review university education and address problems of varying standards, outdated syllabi, inadequate facilities and also recruitment procedures and policies to reduce the disparities in academic standards of various universities.
- A long-term plan should be devised for setting up new colleges and universities, especially in educationally backward districts, strengthening existing institutions and also for expanding 'open' and 'distance' education.
- A separate programme should be launched to improve and upgrade select universities and make these globally competitive.
- A substantial increase in university fees should be combined with an effective scholarship for the deserving students and loan programmes by public sector banks should be considered on a priority basis to improve the resource position of universities and colleges. The Central Government can give a lead in this matter by introducing the system in the Central Universities.
- A clear policy for inviting private sector investment in higher education should also be formulated.
- The accreditation process for higher and technical educational institutions should be made transparent and very effective.
- The expansion of institutions like IITs, IIMs should be considered so that these set standards for technical and management institutions. ❑

NEWS Knowledge Panel to Synergise People's Perspectives

Knowledge Commission Chairman, Mr. Sam Pitroda has said the Commission would seek to bolster the knowledge-base of the country by focusing on five areas including access to knowledge. It will also make proposals for the creation and application of knowledge and delivery of knowledge service.

Briefing newspersons after the panel's first meeting held in Planning Commission in New Delhi on 4.8.05 Mr. Pitroda said the first set of recommendations will be ready by October this year to facilitate far reaching changes in the field of governance and education. The meeting was attended by the Prime Minister Dr. Manmohan Singh. He said the eight member Commission would synergise perspectives of people working in various fields. It will formulate the recommendations with a view to benefiting young people who are the real consumers of knowledge.

Mr. Pitroda said the Knowledge Commission would function within the existing government structures and six ministries have been identified which would work closely with the Commission. Apart from the six ministries and the Planning Commission, where it is to function from, the Knowledge Commission proposed to hold consultations with other stakeholders also, such as industry associations and non-governmental organization.

Earlier, the Prime Minister Dr. Manmohan Singh launched National Knowledge Commission on 2nd August to help make the government more transparent and accountable while sharpening India's knowledge globally. Dr. Singh said India should be able to attract global investment in R&D activity. He said the Commission must come forward with creative ideas to promote the "knowledge base" of our economy and export its latent potential and leverage it to make the country truly a "knowledge engine" of the world.

(Compiled by Madhu R Sekhar, Asstt. Editor, Yojana, (Eng.)

90

PRIMARY EDUCATION - AN OVERVIEW

Kartikeswar Behera
Bamadeba Tripathy

According to Article 29 of the "Rights of Child", the education of the child shall be directed to the development of the child's personality, talents, mental and physical abilities to the fullest potential. In a way the Government have invested huge funds for development of primary education with certain goals in view.

Ours is a value-based system of education from primary level onwards which needs a market approach. Keeping in view the dynamic changes in course and curriculum, the role of primary school teacher is, often being discussed and debated from man to media. The days of village school master are gone. The schools are provided with minimum infrastructure facilities. The teachers are paid considerable amount of salaries. But the most pertinent issue to ponder over is the degree of commitment of a teacher to his profession and his attitude about child's interest and aptitude. According to Article 29 of the "Rights of Child" *the education of the child shall be directed to the development of the child's personality, talents, mental and physical abilities to the fullest potential*. In a way the Government have invested huge funds for development of primary education with certain goals in view. The first one is that all the children within the age group of 6 -14 must complete the prescribed cycle of schooling at the primary stage with cent percent retention. The second one is that quality and equality in the achievement level must be ensured.

Enrollment, Drop-Out & Retention

A satisfactory figure of 89.7 per cent in the enrolment rate is marked. Dropout rates have been reduced to



Joseph Antony

In this internet era the role of primary teacher becomes more significant.

some extent, but not substantially. To bring about cent percent enrolment at the primary level in India we have to fill the rest 10.3 per cent, the gross enrolment being 89.7 per cent.

In this context states like Assam, Gujarat, Karnataka, M.P, Maharastra and Tamilnadu have achieved the target of enrolment. Andhra Pradesh, Kerala, U.P., Orissa and Rajasthan have achieved 90 per cent of enrolment.

The fallout in some states can be attributed to various factors. Here is a vital question of seeking a remedy for the prevailing malady. It is written in the preface of the document of POA, 1992 that children, after attending school for a few days from the date of their admission, are never seen in the premises of the school.

The children, who fail to complete the required cycle of years of primary education may be called premature dropouts. The first category of children, who even after completing five years of schooling forget gradually what they learnt, due to disuse of the 3 R's (Reading, Writing and Arithmetic). So, the dropout rate is a discouraging element for us which hinders the rate of increasing the percentage of literacy. Keeping the above point in view MLLs have been spelt out so that all the children must achieve the learning competencies.

Expectation from Teacher

The percentage of dropout is 47.9 at the primary stage (I to V). Out of it, boys share 46.7 per cent and girls 49.7 per cent. In the light of the above predicaments, the question of presupposing the role of the teacher counts much. The pitfalls in primary education lead to poor achievement of the learner in the end. Thus, evaluation reports based on various parameters amid the prevailing constraints hold the job of a primary teacher more challenging and crucial. Furthermore, in this age of internet he should be well aware of all sorts of emerging academic trends as a facilitator of learning. He should keep abreast of the latest thrust areas of education. To make the teaching learning process activity based and joyful, he should take recourse to a good variety of selective learning activities.

To prove himself effective, he should possess some specific personality traits. The people around him should have due worth and appreciation for him as a person of values and integrity. Due to effective marketisation of education and relentless competition around, a teacher aught to have clarity of concept relating to pedagogy.

A teacher should know that his work does not end with the dismissal of last bell of the day. He should be very much receptive to the changes taking place in the pedagogy and management systems. The 73rd and 74th Amendments of the Constitution aim at bringing the school and community closer for the cause of universalisation of primary education. The stir among the privately managed schools stimulates the government run schools, which call for improving their ways of functioning. In some cases, where the parents of the child are illiterate, teachers have a major role to motivate them by establishing candid rapports. As the market mechanism calls for school effectiveness which is dependent on the maximum efficiency of a teacher, he is supposed to perform managerial skill in doing his prime duty and acting as middleman between the child and the parent.

The teacher's personality imbibed with these enviable traits enables him to work in elementary schools as motivated teacher. Incidentally, the minds of the learners may not be preoccupied with bookish knowledge, yet, their span of knowledge have spread far and wide because of exposure to print and electronic media.

Their minds are no more clean slates. Unless the teacher keeps abreast of the latest events, goes through the news items, events on scientific exploration and glances at the literary pages for children, the child may upset the teacher mentally by asking several questions out of curiosity. The teacher is needed to be in possession of sufficient pedagogical inputs for his students.

The teacher should go into the daily life of the children and ask what they have read and whether home assignments are done well. If shortcomings are found, the teacher should adopt corrective measures. The teacher gives some assignments which sometimes are done by the parents of the children indirectly. The modalities of engaging and activating the children need some structural changes.

Time to Think About

Another suggestion with regard to teacher's empowerment is to orient him at regular intervals towards qualitative performance. Seminars and symposia be conducted for the teachers to enrich their professional competence. Further development in relevant areas can be planned skillfully. The delicate minds are to be handled with care to avoid undue emotional attacks. As the child learns a lot from environment, it is also an additional responsibility of the teacher and parents to help the children grow in a conducive environment.

The authors are Lecturers, DIEC, Khallikote, Ganjam.

N. Saroja

RELATIONSHIP BETWEEN SELF-CONCEPT AND LITERACY OF FEMALE ADULTS



A review of the publications and research reports in psychology and education has revealed that most of the studies on self-concept are concentrated only on educated adults and formal learners in schools and colleges and attempts to evaluate these parameters with reference to non-formal learners and illiterates are very rare and almost non-existent in the case of female adults. Hence, the author had undertaken research on self-concept characteristics of female adults in relation to the acquisition of literacy. This paper presents the results of a study on self-concept of literate and illiterate female adults from urban and rural areas of Andhra Pradesh, with the main objective of evaluating the relationship between self-concept and literacy.

Self-concept of a person can be defined as the picture an individual has of himself / herself. It comprises the perceptions and attitudes the person holds. It also includes tangible properties of the person and covers beliefs, convictions, values and choices. The behavior in any setting, including a learning situation, is influenced by such perceptions, evaluations and attitudes.

Psychologists describe self-concept as consisting of three parts, viz., individual's perception of self, individual's perception of self in relation to others and individual's perception of the environment (Rogers, 1951).

Self-concept of a person is considered as an important parameter in the context of learning. It facilitates understanding a person and motivating him / her to improve his or her performance in learning.

Tool

In this investigation, aimed at evaluating the self-concept of female adults and its relation to literacy level, the self-concept is operationally defined as the total and integrated perception of a female adult with respect to three components, viz., *ability, adjustment* and *social orientation* (Bharathi, 1984). The behavioral traits of each component of self-concept included in the present study are listed in Table 1.

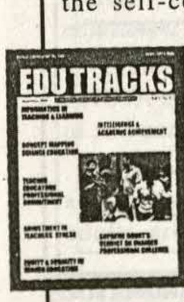


Table 1: Traits of Self-concept

Component of self-concept	*Traits included in the test*
Ability	Learning, Comprehension, Reasoning, Performance, Skills in doing various jobs and Talents
Adjustment	Anxiety, Tension, Withdrawal, Pessimism, Self-pity, Self-rejection, Instability (These traits show lack of adjustment)
Social-orientation	Individual concern with social appraisals, Salience of inter-personal experience in the individual's own conception, Vulnerability to social appraisal

A tool was developed by the author for measurement of self-concept of female adults (Saroja, 2005) incorporating these traits. The preliminary questionnaire comprised 88 items on the various aspects of self-concept. The questions mainly related to the ideas of illiterate and literate females regarding their daily activities, their perceptions about themselves, their family members and society. The preliminary questionnaire was standardized by administering it to a test sample of 75 literate and illiterate females covering rural and urban areas, and analyzing it for validity and reliability using well-established techniques of research tool design. The reliability of the tool was tested by Test-Retest, Split-Half and Rational Equivalence methods. Based on the results of analysis of the experimental data, the questionnaire was revised by reducing the number, and modifying the type and content of questions. The final tool consisted of a Two-choice Questionnaire, comprising 50 items, distributed over the three traits of self-concept, viz., Ability (20), Adjustment (15) and Social-orientation (15). The split-half reliability values of the final questionnaire were found to be: ability: 0.85, adjustment: 0.78, social-orientation: 0.82 and total self-concept: 0.91, indicating fairly high reliability level of the tool. The final questionnaire was translated into Telugu and administered to the sample under investigation.

Sample

The self-concept tool was originally administered to 510 female adults in the age group of 15 to 35 years, belonging to three regions representing rural, semi-urban and urban areas in

Dr. N. Saroja is a Reader in Education, Ghulam Ahmed College of Education, Hyderabad.



Nalgonda and Ranga Reddy Districts and Hyderabad Metropolitan area, respectively. During data collection, the sample was divided into four groups according to the level of literacy, viz., i) illiterate, ii) dropout, iii) neo-literate and iv) literate. However, it was noticed that the number of subjects in the categories of dropouts and neo-literates was rather small. Further, some of the dropouts interviewed were illiterate, not having acquired any literacy level or relapsed into illiteracy; others were literate, who having acquired some level of literacy at some stage or the other are still retaining it. Moreover, it was not easy to demarcate the boundary between literacy levels of neo-literates and literates. Hence, the two categories of subjects, viz., neo-literates and dropouts, have been merged into illiterate and literate groups, based on their present status with regard to literacy. In this process, the response sheets of some samples had to be eliminated to achieve a stratified random sampling, thus reducing the total number of respondents to 432, equally distributed between literate and illiterate groups.

Analysis of Data

Various statistical techniques have been employed to analyze the self-concept scores of literate and illiterate groups of females. For the entire sample as well as for the two groups, descriptive statistics, consisting of mean, range, standard deviation and coefficient of variation, have been computed for the scores of self-concept and its three traits. Analysis of Variance (ANOVA) and F-test, t-test and Turkey's (a) procedure, also known as 'honestly significant difference test' (hsd-test) were used to test the hypotheses.

Results

Self-concept scores of the entire sample

Table 2 presents the mean, range, S.D., and coefficient of variation of the self-concept scores for the entire sample under investigation.

Table 2: Statistical Parameters of Self-concept Scores for the Entire Sample (N = 432)

(Max. score = 50)

Mean	*Range*	*Standard Deviation*	*Coefficient of Variation, %*
34.00	10 – 47	8.47	24.91

It can be observed from Table 2 that the self-concept scores of female adults indicate quite a broad distribution, ranging from 10 to 47 units (20 per cent to 94 per cent) and high coefficient of variation. This implies that various factors such as literacy, socio-economic status, age, etc., influence the self-concept of a person, resulting in such a large variance. In this paper, the effect of literacy on self-concept is analysed.

Self-concept and Literacy

To evaluate the relationship between literacy and self-concept, the following hypothesis was formulated:

Illiterate adult females do not vary significantly from literate adult females in relation to their self-concept.

The mean, standard deviation and coefficient of variance of the self-concept scores of illiterate and literate females studied are given in Table 3.

The mean self-concept score of literates is higher by nearly three score units compared to that of illiterates. The coefficient of variation is slightly larger in the case of illiterates. The significance of the difference of means between literate and illiterate females is tested by ANOVA and the summary of ANOVA and the F-test for self-concept as a function of literacy level is presented in Table 4.

Table 4 shows that F-ratio for self-concept in relation to literacy is quite high (F = 30.97). Since the calculated value is much higher than the tabulated value, the null hypothesis can be rejected at 0.01 level of confidence. This means that literacy as a single main variable shows a significant influence on the self-concept. It may be interpreted that as far as this study is concerned, women belonging to literate and illiterate groups do not manifest similarity in their self-concept scores.

In order to further confirm the results of ANOVA, the self-concept scores of illiterate and literate female groups have been subjected to t-test and Turkey's hsd test. Table 5 presents the results.

As can be seen from the Table, even by the hsd test, which is known to yield too few significant differences (Winer,

Table 3: Mean, S.D. and Coefficient of Variation of Self-concept Scores of Illiterates and Literates

Literacy Level	*N*	*Mean*	*Range*	*S. D.*	*Coefficient of Variation, %*
Illiterate	216	32.59	10 – 44	5.53	16.98
Literate	216	35.42	23 – 47	5.04	14.22

Table 4: Summary of ANOVA and F-Test for Self-concept of Literate and Illiterate Groups

Parameter	*Value*
No. of Groups	2
Degrees of freedom	1
Sum of Squares	867
Mean Square	867
F-Ratio (Computed)	30.97
F-Ratio (Tabulated) at 0.05 Confidence Level	3.86
F-Ratio (Tabulated) at 0.01 Confidence Level	6.70
Significance	High

94

Table 5: t - Test and Turkey's hsd-test for Difference between Means of Self-concept Scores of Illiterate and Literate Females -

($N_1 = 216, N_2 = 216, df = 430$)

Parameter	*t-test*	*hsd-test*
Computed Value	5.565	7.87
Tabulated Value at 0.05 Confidence Level	1.97	2.78
Tabulated Value at 0.01 Confidence Level	2.59	3.65
Significance	Significant	Significant

Table 6: Summary of ANOVA and F-Test for the Three Individual Traits of Self-concept Vs Literacy Level (Number of groups = 2, df = 1)

Parameter	*Traits of Self-concept*		
	Ability	*Adjustment*	*Social Orientation*
Sum of Squares	368.521	88.021	0.750
Mean Square	368.521	88.021	0.750
F-Ratio (Computed)	44.19	15.33	0.199
F-Ratio (Tabulated) at 0.05 Confidence Level	3.86	3.86	3.86
F-Ratio (Tabulated) at 0.01 Confidence Level	6.70	6.70	6.70
Significance	Significant	Significant	Not Significant

1971), the difference between the means of self-concept scores of illiterate and literate females is quite significant, with an hsd q-statistic value of 7.87, far exceeding the tabulated value at 1% confidence level.

It can be concluded that literacy is a potent factor in determining self-concept of female adults. Hence, the hypothesis formulated above, viz., Illiterate adult females do not vary significantly from literate adult females in relation to their self-concept, has been rejected.

Traits of Self-concept and Literacy

To analyze the relationship between literacy and the three traits of self-concept individually, the following hypothesis was formulated:

Hypothesis: Literate and Illiterate females do not vary significantly in respect of the three traits of self-concept, viz., (a) ability, (b) adjustment and (c) social orientation.

Table 6 shows the summary of ANOVA and F-test for the three traits of self-concept.

It is seen that the ability and adjustment traits of literate female adults are significantly higher as compared to illiterate females. It implies that literacy has a strong positive influence on ability and adjustment as components of self-concept. On the other hand, the trait of social-orientation is not significantly related to literacy since there is no significant difference between the social- orientation scores of literate and illiterate groups of female adults.

Conclusion

Even though there do not exist many lateral or longitudinal studies on the relationship between self-concept and literacy per se, we may take academic achievement as an indicator of literacy. Henein (1978) reported that high academic achievers feel more positive about themselves than low achievers. Saraswat (1982) concluded that higher the academic achievement, the higher will be the intellectual self-concept of the individual. Mittal and Bhargava (1989) found significant differences between scheduled and non-scheduled caste male adolescents in self-concept and scholastic achievement. Skaavik (1990) established causal relationship between academic achievement and self-concept of ability. Maqsud (1991) reported positive association between achievement and self-concept. Humiera (1994) observed positive correlation between self-concept and academic achievement of schoolchildren. The findings of the present study agree with the conclusions of these investigations. The present study shows that literacy has a strong influence on the self-concept of female adults.



References

- **Bharathi, G.** (1984). A Study of Self-concept and Achievement Motivation in Early Adolescence. Doctoral Dissertation, Osmania University, Hyderabad.
- **Henein, R. A.** (1978). Self-concept as a Predictor of Academic Achievement and Educational Attainments. Diss. Abs. Intl., Vol. 39, No. 6, 3471-A.
- **Humiera, S.** (1994). Self-concept and the Correlates among Secondary School Students in Gulbarga District. Doctoral Dissertation, University of Mysore, Mysore.
- **Maqsud, M.R.** (1991). Relationship between Socio-Economic Status, Locus of Control, Self-concept and Achievement of Botswana Adolescents. School of Education., Mmbatho, South Africa.
- **Mittal, S.** and **Bhargava, M.** (1989). Self-concept and Scholastic Achievement of Scheduled Caste and Non-scheduled Caste Male Adolescents. Department of Home Science, Dayalbagh Educational Institute, Agra.
- **Rogers, C.R.** (1951). Client-centred Therapy. Houghton-Mifflin, New York.
- **Saraswat, R. K.** (1982). A Study of Self-concept in Relation to Adjustment, Values, Academic Achievement, Socio-economic Status and Sex of High School Students of Delhi. Doctoral Dissertation, IIT, Delhi.
- **Saroja, N.** (1996). A Study of Self-concept and Achievement Motivation of Female Adults towards Literacy. Doctoral Dissertation, Osmania University, Hyderabad.
- **Saroja, N.** (2005). Development of a Tool for Measurement of Self-concept of Female Adults towards Literacy. EduTracks, Vol. 4, No. 5, January 2005, pp. 36-39.
- **Skaavik, E.M.** (1990). Academic Achievement and Self-concept: Analysis of Causal Predominance in a Developmental Perspective. Doctoral Dissertation, University of Trondheim, Norway.
- **Winer, B. J.** (1971). Statistical Principles in Experimental Design. McGraw-Hill-Kogasaku Ltd., New Delhi.●

95

DECCAN CHRONICLE 13/9/05.

'Revamp vocational education'

By ASHWANI TALWAR

New Delhi, Sept. 12: Jobs for all? The National Curriculum Framework 2005 has its own take on the issue. It has suggested a thorough overhaul of the school-level vocational education programme. And it wants the new plan implemented in a "mission mode".

The NCF 2005, which the Centre expects will be the basis for preparing school syllabi now, notes that the existing school-level vocational education programme has not made much of a dent. So far, it has been run as a distinct stream parallel to the academic stream. Though the National Policy on Education 1986 had set a goal of enrolling 25 per cent of the plus two students in the vocational stream by 2000, only five per cent of the students actually take that option now. The programme has suffered from "a range of conceptual, managerial and resource constraints", the recently-adopted curriculum framework says. "Vocational education at present is seen as an "inferior stream", it notes. According to the NCF, the existing programme offers poor infrastructure, obsolete equipment, untrained teachers, inflexible courses, a lack of a credible evaluation, accreditation and apprenticeship system, and finally poor employability.

"Clearly, a gigantic and urgent task of building up an effective and dynamic programme of vocational education is long overdue," the curriculum framework says. The NCF 2005 recommends moving towards a new programme of Vocational Education and Training (VET) in a phased manner. It would involve setting up separate VET centres from the level of village clusters to towns and metropolitan areas. Wherever possible, the infrastructure with the schools would be used. It would also imply expansion of existing technical institutes, Krishi Vigyan Kendras, rural development agencies, and engineering, agricultural and medical colleges.

The VETs, the curriculum framework predicts, would provide a "preferred and dignified" choice to students, rather than a "last-resort" option at plus two.

VET is meant for students or ex-students who are at least 16 years old. But the curriculum framework also talks about institutionalising the concept of "work" in the curriculum from the pre-primary school stage.

96

Rural Distance Education

APJ Abdul Kalam

India is on the threshold of revolutionising education. Edusat enables the teacher to take the student on a live virtual tour of the subject

VICTERS (Virtual Classroom Technology on Edusat for Rural Schools) has a mission of taking the benefits of the space technology directly to the people at the grassroots level from remote centres and provide them educational services. It is a joint project of Kerala and Indian Space Research Organisation (ISRO). This will help in connecting Thiruvananthapuram with rural schools of the districts of Wayanad, Palakkad, Malappuram and Idukki for student education and teacher training. Technology Driven Rural Distance Education is important and needs attention.

A three-pronged approach is essential to make distance education programme viable and a successful proposition through the universal tele-education system to all remote parts of the country. Along with Edusat we need Tele-Education System and the Quality Content Generation and deployment.

A good mathematics teacher teaching in a remote village in Attapadi in Palakkad district should be able to teach a number of schools located in different parts of Kerala and interact with the students in sequence and be able to clarify the doubts. Also the teacher must be able to draw knowledge from various sources on the fly, such as internet, digital library, generated creative content and the lectures given by various experts in the same field and deliver to all the students as if they are in the same simulated classroom in a cost effective manner. Such a system has been implemented in Rashtrapati Bhavan to interact with various parts of the country.

It provides virtual classrooms in a multi class and studio environment with seamless two-way interaction between the teachers and students in a collaborative framework. It provides seamless, one-to-one, one-to-many connectivity, through the broadcasting network in a multicasting mode of delivery. It seamlessly enables a remote teacher to become a teacher to all the students in a session. Unlike the other video conferencing systems and multimedia tools currently in use for tele-education purposes, this Interactive Universal Tele-education delivery system creates a virtual classroom. Edusat enables the teacher to take the student on a live virtual tour of the

Adapted from the President's address on the launch of Edusat transmission in Kerala on 28.7.05.

97

subject. This provides a cost effective solution for interactive content delivery. In a comparative basis we can create 250 nodes tele-education system for interactive delivery at a cost of establishing four multi-station video conferencing systems.

Recently, while addressing five colleges in different parts of Punjab as a part of Distance Education Programme, I referred in my classroom the subject what I was teaching, relevant Digital Library reference, a page from book reference and my talk delivered during an international conference on e-governance through my website. I could see all the class students from various locations. They can also see me and interact with me. Such an interactive tele-education delivery system is fully functional. This integrated solution will enable VICTERS programme to realize a cost effective virtual dynamic classroom. VICTERS may like to study the system and make use of it for realizing the goals of rural distance education programme.

Content Generation

There are three components for education: lectures, practical or laboratory and library. The content includes all the above three. Content can be generated in many ways. The first one is the assimilation of the subject by an expert teacher through research study of many books and articles leading to the generation of quality and creative content in a presentable format. The teacher presents in a unique and innovative way to make the content appealing and easily understandable to the students. The second form of content could be on a self-learning method by breaking down the content into a series of question answer models. Third may be from various books, which can be extracted through a digital library and presented just-in time to all the remote students. Fourth may be from internet, where wealth of information is available; however careful assessment should be done for authenticity. Teacher may search the information in the internet and push the content live through the tele-education system.

The content should have supportive animations, which may even bring virtual laboratories and virtual immersion effects to the remote students. When the content is generated, it should be a sharable learning object across the nation and across all platforms. VICTERS programme authorities should work on quality content generation for enabling the remote students to understand the lecture and acquire good knowledge. The content can be further improved by making use of the student's creative and innovative thoughts under the guidance of the expert teachers as a group activity as well as by sharing experiences with other distance education programmes carried out in neighbouring states.

The teachers after delivering the talk will also be asked a number of questions by the students. The proceedings of the question and answer session can be added to the content document for enriching it. Apart from providing tele-education the same satellite connectivity can be used for servicing the needs of Village Panchayat Knowledge Centres being planned in all village clusters.

Edusat has been exclusively made for knowledge missions, particularly for teaching and training students. VICTERS has to be configured with the following ambience:

- Edusat a broadcaster with interactive terminals
- Content generation
- Tele-education delivery system software. This should have interactive and collaborative features between teachers and students.

VICTERS has indeed come at the right time in Kerala. Let the mission get enlarged for two way interactive communication between teachers and students and both seeing each other for imparting quality education. ❑

TECHNOLOGY

EDUSAT

Edusat (Education Satellite) is a communication satellite in the geosynchronous orbit. The prime objective of the Edusat programme is to provide support education through low-cost ground segments and to reach the unreached people of India. The satellite is specially configured to have multiple beams covering different regions of our country. It provides communication coverage through five regional beams and a national beam.

Primarily meant for school, college and higher education, it will also support non-formal education. The initial phase of Edusat will cover about 100 to 200 classrooms per beam and when fully operational, it will have a capacity of 30 uplinks and about 5000 remote terminals per uplink. The satellite is expected to provide one lakh fifty thousand ground terminals in its full capacity.

98

Sarva Shiksha Abhiyan

The programme has generated considerable interest and commitment in all the states and has helped bring elementary education closer to the centrestage of the development agenda

THE SCHEME of *Sarva Shiksha Abhiyan* (SSA) evolved from the recommendations of the State Education Ministers' Conference held in October 1998 to pursue universal elementary education in a mission mode. The scheme of *Sarva Shiksha Abhiyan* was launched by the Government of India in 2001.

The assistance under the programme of Shiksha Abhiyan was on a 85:15 sharing arrangement between the Central Government and the state government during the Ninth Plan, at 75:25 during the Tenth Plan, and at 50:50 thereafter.

The programme covers the entire country, except the state of Goa. During 2004-05, Annual Work Plans of 598 districts were approved under SSA. The programme seeks to open new schools in habitations which do not have schooling facilities and strengthen existing school infrastructure through provision of additional classrooms, toilets, drinking water, maintenance grant and school improvement grant. Existing schools with inadequate teacher strength are provided additional teachers under the programme. The capacity of existing teachers is built by extensive training, provision of grant for developing teaching-learning material and development of academic support structure. SSA has a special focus on girls and children of weaker sections. A number of initiatives, including free textbooks, target these children under the programme. SSA also seeks to provide computer-aided education even in rural areas.

The approach is community-owned and the village education plans prepared in consultation with Panchayati Raj Institutions will form the basis of district elementary education plans. The *Sarva Shiksha Abhiyan* covers the entire country, with a special focus on educational needs of girls, scheduled castes and scheduled tribes and other children in difficult circumstances.

The Ministry has also set up a National Mission for SSA under the chairmanship of Prime Minister. The first meeting of the Governing Council of National Mission was held on February 21, 2005.

During the Tenth Plan, an allocation of Rs 17,000 crore has been made for SSA. For 2003-04, the Budget Estimate was Rs 1,951.25 crore, Revised Estimate was Rs 2,732.32 crore and the final grant released to the states was Rs 2,698.38 crore. The total expenditure under SSA for the year 2003-04 was Rs 3,617.91 crore. For the year 2004-05, Budget Estimate is

Compiled by Mr Sanjay Pratap Singh, AIO, Ministry of Human Resource Development, GOI.

199

Rs 3,057.08 crore and Revised Estimate is Rs 5,079.58 crore.

Impact

The implementation of SSA in the first two years of the Tenth Plan has been a significant development in the field of education. There has been particular emphasis in these two years to ensure inclusion of all out-of-school children in the field of education. The focus has been on improving the existing infrastructure of regular schools as well as on alternate strategies for mainstreaming children who have been left out of the schooling process due to various reasons. As a result of all these interventions, the estimated number of out-of-school children has come down from 2.3 crore in the beginning of 2003-04 to 81 lakh as on September 30, 2004, (as per estimates of the States/UTs).

More than 3 lakh additional teachers have been recruited across the country under SSA to ensure appropriate pupil-teacher ratios. A majority of primary school teachers in the country are receiving an annual round of inservice training of 10-20 days duration. More than 60,000 academic resource centres have been established at the block and cluster levels to provide academic support to primary and upper primary teachers and schools as a follow-up to the teacher training programmes.

Towards the objective of improving the infrastructure, approval for the year 2004-05 have been made to open more than 80,000 new schools and appointing around 4.5 lakh teachers in the last two years. Further, physical infrastructure has been sought to be improved through provision of more than 1 lakh additional classrooms, around 60,000 school buildings, 1 lakh toilets and 75,000 drinking water facilities. With the objective of improving the quality of teaching learning outcomes of students, grants are given to all teachers for developing teaching-learning materials, 20-day training is expected to be given to all teachers and free textbooks distributed to all girls and children belonging to scheduled castes and scheduled tribes. In addition, maintenance grant for civil repairs and a school grant for replacement of equipment is given to all schools. About 1.42 crore children are expected to be enrolled in Education Guarantee Scheme Centres and alternative education interventions like bridge courses.

Physical Items approved under SSA by the Project Approval Board

	2003-2004	2004-2005
No. of schools approved	67190	44719
No. of teachers sanctioned	398189	210431
No. of school buildings	40960	29018
Additional classrooms	68779	82538
Toilets	46272	50044
Drinking water	33161	44322
Teacher grant (No. of teachers)	2967053	3239155
School grant (No. of schools)	683303	903191
Maintenance grants (No. of schools)	733000	856230
Free textbooks (No. of children)	4.70 crore	6.15 crore

Review and Monitoring

SSA follows a four-tier review and monitoring system.

- 42 National Social Science Institutions have been tagged to all states/UT's to make regular field visits and monitor performance. Their reviews will begin in 2004-05.
- A computerised educational MIS system gives annual school-based data on all significant educational statistics.
- Local community-based monitoring of school performance, enrolment drives and updating of household data on out-of-school children is done every year.
- Pupil achievement level studies are conducted every three years to check increase in learning levels, especially in mathematics and language.
- A detailed Financial and Procurement Manual has been developed and brought into use in all states/UTs for streamlining accounts, procurement systems, auditing and regular financial monitoring mechanisms.

Joint Review Mission

The first Joint Review Mission of SSA visited a sample of eight major states in the country from January 24 to February 7, 2005. The Mission consisted of independent reviewers. The JRM reviewed progress in the

Funds released under SSA (in Rs crore)

	2003-2004	2004-2005 (up to 30.12.2004)
Funds released by Central Government	2698.38	4386.47
Funds released by state government	864.80	1106.66
Total funds available	3563.18	5605.52
Expenditure	3617.91*	3655.34

**Includes unspent balance of previous year.*

100

implementation of the programme in these states and visited schools, EGS centres in rural and urban areas, interacted with field functionaries, VECs, academic support institutions as well as state and National-level Government officials.

- The programme has generated considerable interest and commitment in all the states and has helped bring elementary education closer to the centrestage of the development agenda. The political executive, the governmental functionaries, the Departments of Education are quite involved in giving a shape to this Mission not only by implementation of programme components but also to mould the programme to suit state-specific situations. Enrolment drives, learning situations like bridge courses, and Shishu Shiksha Kendras serve to illustrate how the national framework has been adapted by the states.

- The programme has generated in the country an unprecedented awareness about education and the Mission witnessed a very intense school-community interface that might be the foundation for a sustained progression towards the Mission's objective of providing quality education for all children. Whether it is positioning additional teachers, or building better, bigger school buildings or adding teaching-learning materials or participating in PTA meetings, the community participation in school development has quite visibly increased. This has led to a number of positive developments. The enrolments have gone up, attendance of students and teachers has improved, school buildings look better, seem better maintained and the accountability in the system is greatly enhanced.

Goals of *Sarva Shiksha Abhiyan*

- All 6-14 age children in school/ EGS centre/ bridge course by 2003;
- All 6-14 age children complete five year primary education by 2007;
- All 6-14 age children complete eight years of schooling by 2010;
- Focus on elementary education of satisfactory quality with emphasis on education for life;
- Bridge all gender and social category gaps at primary stage by 2007 and at elementary education level by 2010;
- Universal retention by 2010.

- SSA has significantly improved access to schooling. The flexible, decentralised, contextualised approach has helped establish schools in remote areas and for hitherto unreached populations. Setting up EGS centres in deep forests, isolated islands and hilly terrains has changed the socio-cultural matrix of many communities. The Mission members noted many instances where these EGS centres brought about a change in the worldview of tribal groups. The programme has also brought forth a dedicated group of educated youth, who are acting as instructors in these interior centres. Their knowledge of culture, language and the social mores of the communities has helped establish a rapport with the group of learners resulting in enrolment of a large number of first generation learners.

- The programme has helped states to develop strategies for enrolling children in schools. It is gratifying to note that in the eight states visited by the Mission, the number of out-of-school children which was around 12 million in January 2003 (as per the household survey conducted by the states) had been dramatically reduced to 3 million in two years. Opening of new schools, EGS

Progress in implementation (major interventions)

Item	Sanctioned Physical Targets	Progress	%age
Opening of new schools	67190	66147	98
Construction of school buildings	78776	(under construction) 37525 (completed) 17454	69
Construction of additional classrooms	171154	(under construction) 66556 (completed) 33777	59
Number of children covered under EGS	4367655	6398408	136
Appointment of new teachers	535203	310506	58
Free textbooks	46959451	55861609	118
Setting up of Block Resource Centres	6734	6653	98.8
Setting up of Cluster Resource Centres	66401	62000	93.4

***EGS: Education Guarantee Scheme centres are set up in habitations without a regular school within 1 km.**

101

centres, ECE facilities, bridge courses have brought education facilities closer to communities. Most states visited by the Mission reported near universal access. The first major step towards fulfilment of the SSA's first development objective has been taken.

- The SSA framework has helped focus on staffing of schools. More teachers have been recruited in all the states visited by the mission and barring a few exceptions like West Bengal, the pupil-teachers ratios are approaching a manageable level of 40 students per teacher.

- The programme has created an environment where school processes are being more closely looked at. Excellent teaching-learning materials have been developed by institutions, by groups of teachers as well as by individual teachers. Schools are becoming more child-friendly and teachers are increasingly becoming aware of the efficacy of child-centred, activity-based pedagogy. Textbooks and workbooks, supplementary teaching-learning materials are being developed across all the states visited by the Mission.

- All states visited by the Mission are addressing the issue of uneven access to quality education, conscious of gender and social gaps, interventions.

- SSA has generated in the country an unprecedented awareness about education and the Mission witnessed a very intense school-community interface that might be the foundation for a sustained progression towards the mission's objective of providing quality education for all children.

- Like remedial instruction, residential schools, vocational skill development, uniforms and mid-day meals have been introduced in most of the states. The gaps exist but are narrowing and if states sustain the current focussed, strategic approach, we may soon achieve the second development objective of SSA. However, much more needs to be done in this component.

Major indicators of the cumulative progress achieved under SSA
• 66,147 elementary schools opened
• 17,454 new elementary school buildings and 33,777 additional classrooms constructed
• 3,10,506 additional teachers appointed
• About 6.15 crore girls and children belonging to SCs and STs studying in elementary schools, given free textbooks in 2004-05.

- The SSA framework has enabled existing teacher training institutions to be strengthened and new resource institutions like BRC and CRC to be set up. Teacher training as a part of building capacity to initiate and sustain education reforms has become an integral part of the planning process. The process of upgrading teacher's professional skills is now universally in place. There are, of course, issues of quality of content and training methodology which impinge on the confidence and competence levels of teachers and ultimately on the quality of classroom transaction.

- SSA has also brought in greater convergence between various programmes and the states are beginning to view schemes like Integrated Child Development Scheme (ICDS) total sanitation and water supply as crucial inputs to the larger Mission of EFA.

- SSA has brought together an increasing number of NGOs and civil society partners into a collaborative relationship. Wider participation based on a shared vision and commitment to mission goals is perhaps the most crucial factor that can ensure sustainability of the national endeavour.

However, there are a few areas that need sharper focus and concerted action.

- Data collection, data analysis and data use are crucial for measuring progress, lending the Mission a sense of direction.

- Aligning all activities to the Mission goals is central to accelerating the pace and effectiveness of implementation process.

- With gross enrolment ratios reaching 100 per cent level, the attention must shift to attendance and prevention of dropouts.

- The classroom processes hold the key for retention of children and therefore need greater understanding and effort to make them qualitatively better.

- The Mission feels that considerable work remains to be done to build capacity in the system in all key areas, with the view to improving learning outcomes for all.

- Administrative procedures must be reviewed to facilitate entry and retention of children in school, dismantling various barriers and procedures.

- Civil works, which absorbs about one-third of SSA funding, must be treated as an integral part of the learning environment. Thus, it is very important to pay attention to context-specific school building design. ❑

Centre has 'residual' literacy plan

29/9/05 DC

By OUR SPECIAL CORRESPONDENT

New Delhi, Sept. 28: The Centre is set to launch a new literacy campaign in November which targets 150 among the worst performing districts in the country.

The "residual" literacy project in these districts will try to fill the gaps in the total literacy campaign which — over phases since 1988 — covered almost all districts in the country.

Like the original total literacy campaign, the new drive is aimed at those aged between 15 and 35. It will also make use of voluntary groups and informal learning centres. Beginning November, the 150 districts will be covered over the next two years. The issue was discussed at a meeting of education secretaries here last week from all states. The Centre has a literacy budget of Rs 250 crores a year, spread over schemes like adult education, continuing education, female literacy campaign and total literacy campaign — all distinct from regular primary education. The Centrally-planned schemes are largely implemented by the state governments.

According to the 2001 Census, nearly 65 per cent people, seven years and older, are literate in the country.

But the rate varies wildly. Maharashtra has a literacy rate of 77 per cent, while in Bihar it is only 47 per cent.

In districts like Dantewada in Chhattisgarh, the level of illiteracy is significantly more than "residual".

A mere 30 per cent are literate. In fact, the literacy rate is under 40 per cent in 25 districts nationwide. Further, female literacy is as low as 18 per cent in some districts.

104

NEWS

Committee for Steps to Cut School Drop out Rates

Concerned over the high dropout rates still persisting at 43.89 per cent in Class I to V and 52.8 in Class I to VIII, a Parliamentary Committee on Education has suggested evaluation of the model being followed in Tamil Nadu and Kerala.

While Andhra Pradesh, Assam, Bihar, Orissa and Rajasthan have the highest dropout rates at primary level, Bihar, West Bengal, Uttar Pradesh, Jharkhand and Madhya Pradesh still have a large number of out-of-school children, the Parliamentary Standing Committee on Human Resources Development said in its report.

Observing that the Mid-Day Meal (MDM) scheme was aimed at not only attracting children to the schools, but also in retaining them, the Committee said the scheme had not had the desired impact in attracting children even from poor families, which was one of its main objectives. The report said that sustained efforts should be made to achieve the objectives of the *Sarva Shiksha Abhiyan* (SSA) – universalizing primary schooling – by 2007 and elementary education by 2010.

Pointing out "some inherent and practical limitations" in achieving 100 per cent enrollment as well as retention of students in schools, it said in view of success achieved by Tamil Nadu and Kerala, which had very low dropouts, efforts should be made to emulate their example and apply those strategies for poorly performing states.

Continuing Education

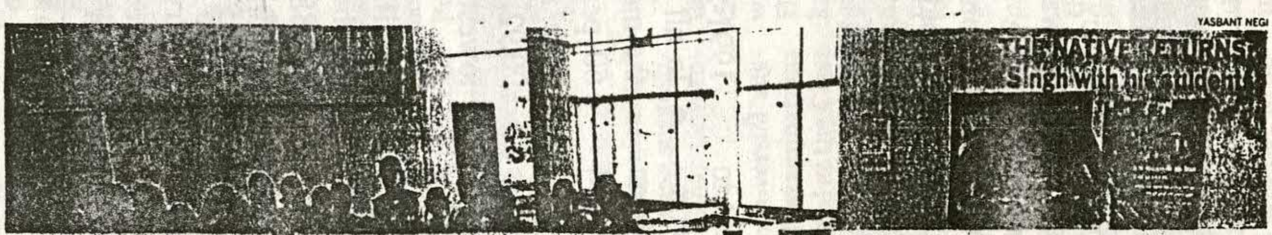
The committee said the children who had dropped out could be integrated with the continuing education programmes of adult education so that they were able to undertake activities relating to income generation providing skills in area specific activities.

The "learn while you earn" scheme could be an effective measure to retain students in schools. It suggested that government should consider the proposal of providing vocational education to children at the upper primary stage. Turning to implementation of *Sarva Shiksha Abhiyan*, the committee said the time had come to act on field in active coordination with the implementing agencies, lest the flagship SSA Scheme should remain on paper only.

It said, "The committee is of the considered view that by paying the education cess from their hard-earned income, every citizen would watch with concern the performance of this Scheme." Therefore, it placed greater responsibility on the department as well as state governments for ensuring that the SSA was taken up as Peoples' movement with do or die spirit.

Compiled by Ms Manogyan R Pal, Sub-Editor

offtrack UTTAR PRADESH



YASBANT NEGI

Learn and Earn

At Sam Singh's institute, students, all girls, are paid Rs 10 a day for attending classes

By Supriya Dravid



In the opening lines of Charles Dickens' *David Copperfield*, the eponymous hero wonders whether he would turn out to be the hero of his own life. It is a question every individual must ask himself. Sam Singh, 65, did. After flipping through the script of his life, he reinvented it. He threw the lid on a cushy suburban existence in the United States and moved home to Bulandshahar after 35 years. "It was time for my second act," says Singh.

Employing the metaphoric relevance of ancestral wisdom in today's context, Singh set up the Pardada Pardadi Educational Society in 2000 for girls from underprivileged families through personal savings and donations. By borrowing its vision "from the teachings of our forefathers" the school smartly tackles issues such as gender bias. Believing that schooling must never interfere with education, the students here are given skill-based education that they can cash in on later in life. "We teach the girls to create, produce and market home furnishings using appliqué, zardosi, quilting and block printing," says Singh. However, what makes this school different is that it pays students Rs 10 a day to attend classes. "Money is the only incentive for education. We cater to the extremely low strata of society," explains Singh while admonishing a student whose parents have removed her sibling from the school. Students can withdraw the money they have earned after they finish Class X. They are given books, clothes, food, bicycles and even medical treatment. Cautious about a depending child becoming a demanding one, Singh draws the line somewhere. He puts a student under observation to know whether she is keen on learning. The money is then transferred directly into a joint account that is created for the mother and the daughter. "This ensures that parents have a stake in the account to solve dowry issues," he says.

The ride so far has had its share of bumps but Singh is industrious. He has proved that anything is possible. Four years ago the dropout rate stood at 32 per cent. Today, it has gone down to 5 per cent and he has 340 students. "I am aiming for 5,000 students in four years," he says.

As he clutches on to a dog-eared copy of V.S. Naipaul's *Magic Seeds*, the book's title ironically describes what Singh is doing. He is, after all, sowing the seeds for what may grow into magical dividends. ■

105

National Literacy Mission

National Literacy Mission (NLM) was set up in May 1988, following an objective assessment of the strengths and weaknesses of the earlier programmes, and to accord a new sense of urgency, seriousness and emphasis with fixed goals, clear time-frame and age specific target groups. Emphasis was laid not on mere enrolment of learners but on attainment of certain predetermined norms and parameters of literacy, numeracy, functionality and awareness alongwith institutionalisation of Post Literacy and Continuing Education in a big way.

The goal of National Literacy Mission is to attain a sustainable threshold level of 75 per cent by 2007 by imparting functional literacy to non-literates in the age group of 15-35 years.

NLM Achievements

- The literacy rate in 2001 has been recorded at 64.8 per cent as against 52.21 percent in 1991. The 12.59 per centage points increase in the literacy rate during the period is the highest increase in any decade.
- 118.20 million persons made literate as on 31 March 2004.
- Rate of growth in literacy is more in rural areas than in urban areas.
- The gap in male-female literacy rate has decreased from 24.84 per cent in 1991 to 21.60 per cent in 2001.
- Female literacy increased by 14.41 per cent i.e. from 39.29 per cent to 53.7 per cent whereas male literacy increased by 11.17 per cent i.e. from 64.13 per cent to 75.30 per cent during the last decade.
- Gender equity and women's empowerment is also visible as about 60 per cent of participants and beneficiaries are women.
- The population in 7+age group increased by 171.6 millions while 203.6 million additional persons became literate during 1991-2001.
- All the states and union territories without exception have shown increase in literacy rates during 1991-2001.
- In all states and union territories, the male literacy rate is now over 60 per cent. Kerala continues to have the highest literacy rate of 90.92 per cent and Bihar has the lowest literacy rate of 47.53 per cent.
- Significant decline in absolute number of non-literates from 328.88 million in 1991 to 304 million in 2001.
- Out of the total 600 districts in the country, 596 districts have been covered by NLM under literacy programme.

106

4/9/05 H:

NCERT revises National Curriculum Framework 2005; draft unveiled

An attempt has been made to address concerns raised by critics: director

Special Correspondent

- CABE meet next week
- Seeks to make secular democracy a robust idea
- Fifth guiding principle added

NEW DELHI: Under fire from a section of the academic community for drafting a curriculum that "lacked a firm commitment against a sectarian and narrow vision of education," the National Council of Educational Research and Training (NCERT) has revised the National Curriculum Framework (NCF) 2005 ahead of next week's meeting of the Central Advisory Board of Education (CABE).

The revised draft was unveiled here on Saturday by NCERT Director Krishna Kumar, who said an attempt was made to address the concerns raised by the critics of the NCF-2005. The NCF was put up for CABE clearance in June this year but the members decided to allow States more time to counter the charge that the Government was trying to push through the new curriculum without consultation.

The new document, according to Prof. Kumar, seeks to make secular democracy a robust idea. Academics under the banner of the Safdar Hashmi Memorial Trust and Communalism Combat had accused the NCERT of "toeing a politically correct line" while drafting NCF-2005. Another charge was that it did not address the contentious issues that dominated discourse in educational circles during the six years of National Democratic Alliance rule.

While the first draft proposed four guiding principles to address distortions in educational aims and quality, the revised document has added a fifth one that seeks to nurture "an identity soaked in caring concerns within the democratic polity of the country."

This guiding principle of an "overriding national identity," Prof. Kumar said, was a suggestion made by the Bihar Government.

As for the controversial suggestion of board examinations being made optional at the Class X level for those who wish to continue in Class XI, the revised document clarifies the position. "Boards should consider, as a long-term measure, making Class X examination optional, thus permitting students continuing in the same school [and who do not need a board certificate] to take an internal school exam instead."

To the charge that linking education to the child's surroundings could give rise to obscurantism, Prof. Kumar and Prof. Yashpal — who chaired the entire exercise of curriculum revision — said the concept was elaborated upon in the revised document.

"The document recognises India's diversity as its strength.

By stressing local knowledge, the aim is to help the student critically engage and negotiate with what he sees around him. However, all forms of local knowledge must be mediated through constitutional values."

Prof. Kumar said, there was no basis in the charge that NCERT had no authority to begin drawing up the syllabus and preparing textbooks.

At the CABE meeting in June, the Human Resource Development Minister, he said, asked the NCERT to go ahead with text-book making with the caveat that it would be subject to the changes made by the Board in the draft curriculum.

107

Disastrous Management

The response that greets every successive disaster is typical. As seen in its reaction to the floods of July 26 in Mumbai, the government sets up more 'bodies' and 'authorities' to deal with the crisis. But such structures, such as the disaster management authority for the city, are already in place. What is absent is efficient management, administrative will and the lack of officers with adequate experience.

J B D'Souza

Only one of Mumbai's 15 million citizens shared prime minister Manmohan Singh's admiration of the Maharashtra chief minister's performance during and after the July 26 deluge. That was Vilasrao Deshmukh himself. Shock and disgust were universal. That every system in the city went awry was bad enough. That it took so long to clear the mess and restore normalcy was indefensible. The CM's response, entirely predictable for Vilasrao, showed how unequal he and his government were to the task that faced them. After declaring two public holidays, he set up a committee of secretaries to manage the crisis. He went on a few days later to announce a new authority to protect the Mithi river that trickles into Mahim creek. When you lack the sense and the strength to tackle a crisis you at once appoint a committee or enlarge officialdom.

The prime minister's flash comment, so uncharacteristic of Manmohan Singh, was one you could expect from someone like George Fernandes, who regularly rushes to crisis spots with instant comments. He either declares that they will be cleared in 48 hours (Kargil), or asks what is unusual about rape, looting and murder (Gujarat). Exactly what did the PM look at in Mumbai, what did Vilasrao let him see?

July 26 was different from anything Mumbai has ever suffered. The city is just as used to occasional failures of its services and communications, as it is to the high-tide-excuses its municipality invariably offers for those failures, but never was the paralysis so complete, so enduring. The Indian Meteorological Department was caught napping, unable to predict even a rainstorm so enormous. Were all its staff on holiday, or is it just incompetent?

Even this downpour would not have been so calamitous had the municipality and its commissioner been regularly performing its mandatory duties, for which it taxes us so heavily, had its conservancy staff been efficiently monitored to ensure that the city's gutters and its 'nalas' and drainage channels always remained clear. The choking of roadside gutters, the progressive narrowing of innumerable large nalas, like the one at Oshivara and the Mithi river, ensure a quick and sustained flooding of streets and homes. Their continuance in this state for hours, even days, as happened last month, inevitably cripples the electric and telephone lines and submerges the rail tracks. It is chiefly the habitual neglect of the drainage system, and the failure to monitor its maintenance regularly to which Mumbai owes the disaster it suffered. And for which the municipality owes us all an explanation. Nor did the state government and its CM, obsessed with dance bars and dazzled by a mirage of Shanghai, acquit itself with credit or use its powers of control over the BMC and its commissioner. The CM's plea to the press on July 27, that Mumbai's drains were capable of carrying 25 mm of rainwater an hour, not the 39 mm load that came, might have served as an excuse if the system designed for 25 mm had been kept clear. The flood would then have abated, at least on the next day. That did not happen, as the CM might have noticed had he cared to descend from the comforts of Malabar Hill. In any case, 25 mm is a nice round figure to flaunt for the city as a whole if you choose to forget that you have distorted and choked the system especially in sections where disproportionately high Floor Space Indices (as high as 10 and 11) have been allowed in crowded localities with infrastructure already under strain.

The flood was followed by a spate of proposals for organisational change in the city administration. We heard experts and pseudo-experts pontificate over (i) the

108

separation of Mumbai into a separate state, a political impossibility; (ii) the appointment of an all-powerful CEO for the city; where would you find one?; (iii) direct election of the mayor (a la New York), as though the ability to win a direct election could ensure the emergence of a Rudolph Giulani; (iv) revival of the earlier discarded mayor-in-council, whose first decision had been to spend Rs 4 crore of our money to set up plush offices for its members; that was perhaps its only achievment; (v) a split of the BMC into two units, one for the island city and one for the suburbs, a remedy far worse than the disease.

Advocating Change

As we have seen, Vilasrao's own contribution to this muster of bad ideas was the creation of a Mithi River Authority. This was after he had set up that committee of secretaries (under a chairman who was holidaying in Spain) to handle the crisis. A safe prediction about all these solutions is that they will generate more problems and more officialdom. Because they will be served by officials of the same poor quality and dedication as we suffer today – old wine, and not even good wine, in new bottles.

Actually, the immediate aftermath of a disaster is perhaps the worst time to devise structural changes in the management of a city. If your home is burgled, you will equip it with more secure doors and locks; you will not pull it down and build another one, one that might leak and let the rain in. Even ministers and legislators of high quality – do we have any? – need to consult the citizenry, and specially persons skilled in urban management, before they meddle with existing structures. Instead, they tend to rush into the creation of new agencies of doubtful utility. Nothing illustrates this better than the story of the Mumbai Metropolitan Region Development Authority (MMRDA), set up in the early 1970s to coordinate the various organisations administering the city and the region. Bureaucracy and opportunities for political patronage multiplied, but the MMRDA has little to show for the first quarter century of its existence, except its evolution into a real estate developer. As long as our urban management institutions are led by persons with little or no executive experience, no new institutional structure can produce in its units the official initiative and drive that crisis-situations demand.

How many readers of this article are aware of the existence of a Disaster Management Cell in Mumbai? I believe one was set up six or seven years ago, but if you judge from the handling of the recent disaster you have to conclude that it promptly went into hiding or slumber. Really, disaster management is not an activity that can suddenly wake up after a calamity overtakes us. It requires careful analysis of the various kinds of crises that can threaten a community or city. It requires continuous monitoring of maintenance, specially regular inspection of the drainage system (not only during the monsoon), of the state of the road and rail networks, of the management of traffic and its readiness to respond to hold-ups, of the telephone and electric networks, of the medical and public health arrangements, of the fire services – and frequent mock-up drills. An alert disaster management cell would have, for instance, prevented the reduction of the width of the open lanes around certain buildings to five feet, which does not allow a fire engine access. It would also inspect the numerous meeting halls in the city for adequate provision of fire exits, now missing in many of them.

In all of this the participation of the local communities is essential. In Mumbai there now are active Advanced Locality Management (ALM) groups, most of them ready and eager to protect their localities. Their enthusiasm has to be supported and not resisted, as a number of Mumbai's incompetent municipal councillors recently tried to do.

A Case for Efficient Management

I suggest, then, that all the institutional instruments are well in place, there is no need to devise structural changes that will only multiply officialdom and swell clerical armies, that new organisations will simply busy themselves with writing to one another, with no real addition to preparedness for crises. The present structures are adequate.

This is not a recipe for complacency, or for confidence in the existing arrangements. No structures, new or old, will save the community from injury, dislocation, property destruction or disease without competent personal leadership among our political and administrative leaders, particularly the latter. Nothing will save us in a serious crisis if we continue with the kind of managers who led our respective organisations last month, if our government continues to place officials devoid of executive experience in strategically important positions in the city. I recall the promptness with which chief secretary Raghunathan took control of operations after the Latur earthquake, personally directing restoration and relief. Many years earlier Pune was devastated when the Panshet and Khadakvasla dams burst after unprecedented rains. The city was at once flooded, a large part of it – streets and homes – was buried in a huge layer of silt. The immediate response of the collector and the divisional commissioner were disappointing. Then chief minister Yashwantrao Chavan at once appointed S G Barve, who had just quit the ICS, to redeem the situation. Barve worked day and night with his characteristic devotion and drive, an effort in which I was privileged to help him. In an incredibly short time the city was cleared of the heavy coat of silt, the loads of garbage were lifted, electricity was restored where it had failed, road and rail communications returned to normal, the water supply was reinstated, and the people who had been displaced from their homes on the river banks were rehoused in simple dwellings built for them in high level land we acquired.

In Mumbai we looked for leadership of that quality; we looked for the state government's chief secretary to take full charge of the situation, to get the union government to place the heads of its operational departments (the railways and telephone systems, for instance) temporarily under his control, to direct the various arms of the administration, assigning tasks to the senior officials, and to check compliance. We looked for such direction from a central control room. We looked in vain.

Symbolic of what befell us was an apocryphal story my older brother used to tell me, of a fire that once occurred in the city. The fire brigade rushed one of its fire engines there, but found it could not pump water on to the flames. One of the firemen at once sat down to repair a large leak in the hose. EPW

Email: bain@vsnl.com

Environment policy under wraps

9/9/05 T-I

By PANKAJ SEKHSARIA & ASHISH KOTHARI

TIMES EDITORIAL

Some things die hard. Despite the widespread agreement within and outside the government on the citizens' right to information, some sections of the government persist with an atmosphere of secrecy. Baffling as it may sound, the latest manifestation is the ministry of environment and forests draft of the National Environment Policy, just finalised, but not available to the public.

In the last few months, the media debated issues related to the environment, forests and wildlife, notably the proposed Scheduled Tribes (Recognition of Forest Rights) Bill 2005 and the report of the Tiger Task Force (TTF) that was recently submitted to the prime minister. While the context and content of these two documents have been a source of serious differences, it has been heartening that these have been discussed in an open and transparent manner. The TTF in particular has come for a lot of appreciation for the open, consultative and transparent way in which the process was carried out and that the entire report made available to the public. While there was some concern initially on the Forest Rights Bill, this too was made a public document when the issue was raised by a cross-section of people working on issues related to the forests.

However, for the last few months, the ministry of environment and forests has been working on finalising the National Environment Policy (NEP). It is 'reported' to have also submitted a final draft to the prime minister nearly two weeks ago for his endorsement before it is taken to the cabinet for approval. Shocking as it might sound, not only has the draft been kept away from the public, it has even been marked secret on every page.

In October 2004, more than 90 environmental and social groups from the country had collectively raised serious concerns about the initial version of the NEP. They had approached the National Advisory Council (NAC) calling for a new and participatory process for drafting the policy. There was a feeling that NEP was too anthropocentric and economistic in its approach, and was directed at making the environment subservient to wealth generating activities and sectors. It was also felt that the NEP actually fell short of making a policy statement, did not even clearly state its long-term vision, or its relation to other policies of the government. And there was also the issue of the absence of a participatory and consultative process for its drafting.

Concern was especially raised that discussions had been held with industry groups but local communities, who are the ones most directly dependent on the environment and most affected by its destruction, were not consulted at all.



These inputs and the call for consultations were resisted by the environment ministry, particularly when it came to having discussions with the non-governmental organisations, the people and community groups. Following the intervention of the NAC, however, some consultations did occur, raising the hope that the process and the final outcome would be a more democratic one. That clearly has been belied. That the new draft of the policy should now be marked secret only indicates that the approach of the environment ministry has only become more regressive. In fact, even the NAC has not been informed about this new draft of the NEP. A member of the NAC was recently sent a letter by the environment ministry stating that the ministry had no intentions of making it public.

One can only wonder whose national environment policy it really is. What serious threat can it pose to national security for it to be a secret document? It has once again been left for members in civil society, individuals and organisations to bring the matter to the notice of the prime minister and request for corrective action; over 60 organisations and individuals have now addressed an open letter to him to this effect.

The deepest darkness, it is said, is found right underneath the lamp that lights up the room. A government committed to the citizens' right to information would do well by starting in its very own backyard.

The writers are with Kalpavriksh, an environmental action group.

NEW APPROACH TO PREVENT WATER SCARCITY

A. Chelladurai

According to the National Water Policy, water is a prime natural resource for humans and hence, a precious national asset. Nowadays, it is hard to find fresh water due to growth of population, agricultural and industrial activities and contamination of water resources. New approaches like interlinking of rivers, utilizing increased return flow from irrigation, conservation of water through rain water harvesting and ground water recharge, recycling and reuse of municipal and industrial waste water, etc. are urgently needed to prevent water scarcity in the future.

Water is essential for survival of all living beings and also for socio-economic development of households, communities and nations all over the world. It is also necessary to maintain and enhance biodiversity and quality of environment. It is estimated that it accounts for 4 per cent of the world's fresh water resources. This when India's share of 2.5 per cent in the total land area of the world, seems more than adequate. However, it we consider the fact that India accounts for 16 per cent of the world's human population and 15 per cent of the world's animal population, the picture changes from optimistic to pessimistic.

According to the National water policy, water is a prime natural resource for humans and hence, a precious national asset. Nowadays, it is hard to find fresh water due to growth of population, agricultural and industrial activities and contamination of water resources. By 2020, the global population is expected to reach up to 7.9 billion and the world may be under great scarcity for fresh water. India is also expected to face water problem in the coming years. The country receives about 4000 km³ of precipitation patterns and mismanagement of it often leads to wastage.

Water for India in 2050

The population of India is expected to stabilize around 1640 million by the year 2050. As a result, gross per capita water availability will decline from 1820s cubic meters per annum in the year 2001, to as low as 1140 m^3 in 2050. Total water requirement of the country for various activities around the year 2050 has been assessed to 1450 km^3 per year. This is significantly more than the current estimate of utilizable water resource potential (1122km^3/yr) through conventional development strategies. Therefore, when compared with the availability of - 500km^3 /yr at present, the water availability around 2050 needs to be trebled.

New Approach

The following new approaches are urgently needed to prevent water scarcity in the future :

I. Inter-Linking of Rivers

Arthur Cotton was the first person who originally conceived the idea of networking of the rivers about two centuries ago, but the idea of interlinking Indian rivers was revived a few decades ago independently by M. Visveswarayya, K.L. Rao and D.T. Dastur.

The Supreme Court of India ordered the Government of India on 31 October, 2002, to complete this project within the next 12-15 years. In response to this, government appointed a task force of scientists, engineers, economists, biologists and policy makers to ponder over the techinical, economic and eco-friendly feasibility of this gigantic project costing about Rs. 5,60,000 crore . This project has been designed with the concept that it will improve the living standards of people in India. The completion of this project will result in constant water supply for domestic use, agriculture and industries along with flood control, improvement in water flow, navigation, food security, construction of dams and canals. Their maintenance will create opportunities for new jobs which will check the migration of people from villages to cities.

Moreover, the interlinking project is to bring an extra 34 Mha of land under irrigation using 173 BCM of additional water created in this project

111

Production of hydro power (34 giga watts) in this project is expected, which may be inexpensive and eco-friendly.

II. Utilising Increased Return Flow from Irrigation

In addition to artificial ground water recharge, additional water is also available due to return flow (RF) of irrigation water in the form of surface discharges and infiltration in the ground water sources. Only about 10 per cent of RF from irrigation is expected to contribute to the surface water sources and the balance 90 per cent to ground water sources. The RF of irrigation water to ground water and surface water sources depends on imbalance (difference between gross amount of water available and net irrigation requirement of water). However, overall irrigation efficiency can also be expected to increase leading to decrease in imbalance. The RF from surface and ground water irrigation depending on estimates of overall irrigation efficiency is illustrated in the Table.

III. Conservation Of Water Through Rainwater Harvesting and Ground Water Recharge

The potential for rooftop rainwater harvesting based on estimates of rainfall in different parts of the country and the available area of rooftops, has been estimated to be 1 KM^3/yr. All other surface water development and storage works essentially can be classified as run-off harvesting. The availability of surplus water for run-off harvesting is huge, but is essentially restricted to the rainy season which lasts for only 3-4 months. Considering the rainfall pattern and the number of rainy days which vary from 10 to 50, it is difficult to harvest large amounts of rainwater and store the same for latter use due to technical constraints. But in India, farmers in Saurashtra region have successfully resorted to perhaps the largest ground water recharge experiment during the last few years. Hence, the steps to extend the conservation of water through rainwater harvesting and ground water recharge scheme in all states and union territories.

IV. Recycling and Reuse of Municipal and Industrial Waste Water

Recycling is defined as the internal use of water by the original user prior to discharge to a treatment system of other points of disposal. The term 'reuse' applies to waste waters that are discharged from municipalities (75 per cent), industries and irrigation, and then withdrawn by users other than the dischargers. After treatment, reclaimed waters are generally used for irrigation, as cooling water and algae cultivation apart from other industrial application.

V. Inter - Basin Transfer

National water Development Agency (NWDA) has formulated the latest version of the inter basin transfer project. The plan has divided the project into two broad components (i) The Himalayan component with 14 river links, and (ii) The peninsular component with 16 river links. It is planned to transfer 141 Km^3 /yr through peninsular India and 33 Km^3/yr through the Himalayan links, essentially for redistribution in the Ganga basin and to western India. Although huge amount of surplus water is available in the Brahmaputra and Brahmani - Baitarni basins, only a small volume of water can be transferred from the Brahmaputra basin. If the volume of water to be transferred through the proposed links is added, we get a healthy picture of 1660 Km^3/yr of development water resource for the country that can take care of any exigencies.

Due to improper management of water in India, even the people living in Cherapunji, the place that has world's highest rainfall, experience water scarcity. Hence, the Government should adopt latest water management technology to construct and maintain the dams, reservoirs, ponds and lakes, etc.

The Government should take necessary steps to create awareness among farmers, industrialists and public in general about the need for minimizing wastage of water.

Therefore, water, the most important natural resource, should be preserved for future generations. Generating social consciousness among the public, farmers and industrialists for obtaining their full co-operation is essential for successful management of water resources.

The author is Reader, Centre for Research in Economics, Aditanar College of Arts and Science, Tiruchendur.

Estimate Of Irrigation Efficiency and Irrigation Return Flow

Source	Surface Water			Ground Water		
year	2010	2025	2050	2010	2025	2050
Efficiency (%)	40	50	60	70	72	75

117

Disaster management policy likely by year-end

A new orientation for turning disasters into opportunities for development

Special Correspondent

- Disaster Management and Mitigation Bill is to be passed in winter session
- Final draft is ready for smooth sailing in Parliament
- Every year, the Government is losing 2 per cent of its GDP in disaster management

NEW DELHI: The Government on Wednesday announced that the Disaster Management and Mitigation Policy will be in place by the end of this year after the Disaster Management and Mitigation Bill is passed in the winter session of Parliament.

113

Defence Minister Pranab Mukherjee said that the UPA Government planned to pass the Bill in the monsoon session of Parliament but awaited the recommendations of the Standing Committee, to which it was referred for improvements and modifications. Now that the committee's recommendations had been submitted and the final draft was ready it was expected that the Bill would sail smoothly in the winter session.

Addressing a seminar on "Disaster Management: For a Safer India," organised by the Associated Chambers of Commerce and Industry of India, he said the proposed policy would have a new orientation for turning disasters into development opportunities rather focussing on relief and rehabilitation.

"Every year, the Government is losing 2 per cent of its GDP in disaster management in the form of relief and rehabilitation package which in fact is a waste and therefore, the policy will lay stress as to how the future disasters can be prevented from happening through proper warning systems," the Minister said.

Local involvement

The policy will ensure that structures are developed from top to bottom and greater stress will be laid on the involvement of district administration, panchayati raj, municipalities and nagarpalikas so that these bodies are directly held responsible for managing and mitigating disasters and turning them into development opportunities.

Mr. Mukherjee said the Government would take a number of initiatives which would be incorporated in the Disaster Management and Mitigation Policy so that their impact was minimised by developing logistic systems for the district administrations to ensure that they had had no handicaps such as the scarcity and shortages of necessary equipment for rescue operations. The Minister said the Prime Minister and UPA Chairperson Sonia Gandhi were taking personal interest in evolving a disaster management policy to provide timely relief and rehabilitation to victims. The Planning Commission would also be approached for making special allocations for developmental work after disasters were managed.

P.G. Dhar Chakraborti, Executive Director, National Institute of Disaster Management, said 66 per cent of Indian land mass was disaster-prone and 10,000 km of the country's coastline too was vulnerable to cyclones and other calamities.

In view of these ground realities, the Government, he said, had finalised a disaster management and mitigation policy, which would be put in place latest by the winter session of Parliament. Consultations were on between the Home Ministry and all State and Union Territory administrations for managing disasters through developing an advanced forewarning system.

Social Health Insurance Redefined

Health for All through Coverage for All

This paper looks at the concept of social health insurance (SHI), the form in which it currently exists in India, the issues and constraints in scaling up and innovations in SHI that may be possible in the existing system, especially in the context of other forms of health insurance. The health system in India is ripe for moving towards "Coverage for All" which meets the "Health for All" objective to a great extent.

INDRANI GUPTA, MAYUR TRIVEDI

I
Introduction

In recent years, there has been a lot of interest globally in social health insurance (SHI), which is now being seen as the most promising option for extending health coverage to a majority of the population in the country.

The justification for extending social protection, especially to the most vulnerable population, is no longer necessary; it is now widely understood that one reason for the impoverishment and reduced well-being of households is the lack of protection from economic consequences of disease and death. It is more important to understand why social, rather than other forms of insurance, is being seen as the most relevant option. There are, of course, other forms of social protection; pure welfare measures in the form of employment benefits or social security for indigents are offered in many countries, on the assumption that the state has the primary responsibility of looking after its citizens. Free or subsidised healthcare is another way the state fulfils its responsibility in a majority of countries, especially in the developing world. Often, because of the social security nature of these measures, they are seen as forms of SHI. However, as will be explained below, SHI, in its original form is a slightly different concept, and operationally dissimilar to other measures of benefits or social security in which the government may be involved.

Besides the SHI and health-related social security benefits, other forms of insurance can, and do coexist: community insurance and private insurance together complete the picture on health coverage for citizens of a country, along with social health insurance and state-sponsored or entirely state-funded measures.

In developing countries like India, health coverage continues to be an exception, rather than a rule. As will be discussed later, less than 10 per cent of Indians currently have some form of health coverage. There is now enough evidence to indicate that the hardest hit by lack of health coverage are the poor, who have much higher levels of mortality, malnutrition and fertility than do the rich. A study by the World Bank based on the National Sample Survey 52nd round calculates that, the poor-rich risk ratio is 2.5 for infant mortality, 2.8 for under-five mortality, 1.7 for childhood underweight and 2 for total fertility rate. In addition, the study also indicates that a higher percentage of the poor do not seek care when ill: about 24 per cent of the poorest quintile does not seek care, compared to 9 per cent of the richest quintile [World Bank 2001]. If one looks at the total illness episodes treated during the last 15 days, the poorest 20 per cent obtained treatment three times less than the richest 20 per cent. For hospitalisation the differential is six times [Misra et al 2003]. Further, the World Bank study documents that the main reason for not seeking care is cost, especially for the poor. These findings reconfirm the need to extend health coverage events to the population, especially the poor.

This paper takes a closer look at the concept of social health insurance (Section II), the form in which it currently exists in India (Section III), the issues and constraints in scaling up social health insurance in India (Section IV), and innovations in SHI that may be possible in the existing system, especially in the context of other forms of health insurance (Section V). The paper concludes with summary and conclusions in Section VI.

II
Social Health Insurance

Concepts and Definitions

In recent years, the interest in implementing SHI – especially in developing countries – has helped crystallise some conceptual problems as well. A two-day workshop on health insurance in sub-Saharan Africa (SSA) organised by the Department for International Development (DFID), UK 2002, emphasised the importance of SHI schemes initiated by central governments, and the term SHI was used to represent government-backed schemes that may have included a variety of health insurance forms. The deliberations of the workshop indicated that the decision to introduce SHI, and the form it would take, depended to a considerable extent on the country's existing institutional and organisational arrangements, as well its macroeconomic performance. However, the experience from low-income countries to date indicated that SHI appeared to have failed on the objectives of improving equity of access and in expanding coverage. The workshop concluded that the experience from the world

114

suggested that achieving universal coverage was not feasible in the short- to medium-term through SHI, and the majority of workers in the informal sector would remain excluded. It can be concluded from the workshop that unless SHI was redefined and broadened in a way that would include a larger percentage of the population of a country, it would not fulfil the basic objective of increased access.

Other reviews of SHI have admitted that social health insurance has no uniformly valid definition, but two characteristics are crucial [Normand and Busse 2002]. The insured people pay a regular, usually wage-based contribution. Independent quasi-public bodies (usually called sickness funds in Europe) act as the major managing bodies of the system and as payers for healthcare. However, variants exist even with these two characteristics: for example, in France, the mutual benefit associations' contributions are based on income and usually split between employers and employees. However, insurance is entirely voluntary and is also called private social health insurance. On the other hand, in Switzerland, the compulsory health insurance is not run by sickness funds, but by privately-owned insurance companies.

A pragmatic and operational definition that seems to have emerged from a study of these various arrangements is the following: "social health insurance funding occurs when it is legally mandatory to obtain health insurance with a designated (statutory) third-party payer through contributions or premiums not related to risk that are kept separate from other legally mandated taxes or contributions" [ibid]. Some of the other common features that go with this definition of SHI are the following: (a) it is compulsory for the majority or for the whole population; (b) there are several funds, with or without choice and with or without risk-pooling; (c) contributions made by government (or special funds) on behalf of people not in employment are usually channelled through the sickness fund(s); and (d) both employers and employees pay contributions and share responsibility for managing fund(s) [ibid].

It is clear that countries have defined SHI differently, and depending on the objective of the healthcare system, it is possible to redefine SHI keeping the fundamental principles in mind. Ultimately, SHI is to be seen as another method of ensuring greater access to healthcare through the solidarity and the ability-to-pay principles of financing. With this background, we now turn to the case of India and examine in Section III the forms of SHI that has evolved in the country, based on both narrow as well as broad definitions discussed above.

III
Social Health Insurance in India

In India, the concept of SHI is still imperfectly understood, and often all the existing health schemes are discussed in the context of SHI [WHO 2003a, b]. There have been very few attempts within the country to have policy discussions around the overall health insurance scenario, and where and how different types of insurance fit in the overall scheme of things. Most of the discussions have merely been descriptive in nature, and have not gone beyond the rhetoric that greater health insurance in needed. Thus, very little intellectual thinking has gone into the issues of (a) what is SHI, (b) how and to what extent SHI can be scaled up, and (c) the ramifications of an expanded SHI approach in India.

Keeping the above discussion in mind, it is immediately obvious that there is only one scheme in India – the Employer State Insurance Scheme (ESIS) – that qualifies as SHI in its classical definition. The three main characteristics of this scheme are that it is mandatory, contributory and there is the Employer State Insurance Corporation (ESIC) that acts as the autonomous body and manages the funds. The other scheme that is often mentioned along with ESIS as a SHI scheme in India is the Central Government Health Scheme (CGHS), in that it is also contributory and employment based. However, neither does it have a separate autonomous fund manager, nor is it compulsory. Further, the contributions are almost flat, and nominal enough to not warrant the definition of a 'contributory' scheme. Thus, CGHS and other similar schemes are discussed separately under other employment-based schemes and ESIS is discussed as the only typical SHI scheme in India.

Employee State Insurance Scheme

As a first major initiative for providing social security, Parliament promulgated the Employees' State Insurance Act (ESI Act) in the year 1948. The ESI scheme was initially launched in 1952 in two centres and expanded in a phased manner across the country with the active involvement of state governments. The act is applicable to non-seasonal factories using power and employing 10 or more persons, and non-power using non-seasonal factories and establishments such as shops, hotels, restaurants, cinemas, etc, employing 20 or more persons. Seasonal factories, mines, and plantations have not been covered under the act. It also does not cover workers in the unorganised sector and self-employed workers. Currently, it includes the organised sector employees across the country except the north-eastern states. Out of a labour force of 411.5 million [IAMR 2003], about 8 million workers – i e, about 2 per cent – have been covered under the ESI Act. Table 1 indicates the percentage of organised sector workforce that is covered by ESIS using different sources. These estimates indicate that ESIS covers slightly less than 30 per cent of the organised workforce in India. In fact, there seems to have been a decline in the coverage since the mid-1950s.

The scheme includes employees drawing a salary of Rs 7,500 or less per month, the last revision being in April 2004. In addition to the health insurance benefits, i e, medical facilities, the integrated social security package provides social protection – in terms of cash benefits – to the workers and their dependants in contingencies such as, maternity, or death and disablement due to an employment injury or occupational disease.

As of March 2003, the ESIS covers about 0.25 million factory units and provides benefits to 25.3 million beneficiaries through the widespread network health facilities. As for the organisational set-up, the corporate body called ESIC, under the ministry of labour, administers the scheme. The financing and contribution details of the scheme are as follows:

– Employees' contribution: 1.75 per cent of wages, and employers' contribution: 4.75 per cent of wages.

Table 1: Coverage of ESIS in India

Year	Percentage of Organised Sector Covered	Source
1955–56	38.2	A Gumber 2002
1984–85	29.3	A Gumber 2003
2002-03[a]	28.1	Manpower profile, ESIS

Note: a Organised sector employment Quick Estimate figure for 2002 (Manpower profile 2003), ESI coverage figure as of March 2003 (www.esic.nic.in).

115

– Employees' earning up to Rs 40 a day as wages are exempted from payment of their part of contribution.
– Retired as well as permanently disabled insured persons (who cease to be in insurable employment due to an employment injury) and their spouses are eligible for full medical care on payment of a nominal contribution of Rs 10 per month payable in a lump sum for one year in advance, subject to fulfilment of certain conditions.
– The state governments bear one-eighth share of expenditure on medical benefits within the per capita ceiling of Rs 600 per annum and any additional expenditure beyond the ceiling.

The total revenue under ESIS in 2001-02 was Rs 1,73,020 million, of which 72 per cent was from the contribution of employees and employers. The total expenditure adds up to Rs 1,10,412 million out of which 64 per cent accounts for medical benefits. Thus, the scheme is making profits, and in 2001-02 a savings of Rs 6,261 million (36 per cent of total revenue) was transferred to the ESI general reserve [ESIC 2002].

Other Employment-based Schemes

If ESIS is the only social health insurance scheme in India, the question arises whether other welfare schemes operating in that include health protection should be included in a discussion of SHI. These are neither contributory, nor mandatory, but are entitlements or benefits given in lieu of employment in particular sectors. However, it is important to understand these schemes for the following reasons:
– Some of these schemes can be included under a more broader definition of SHI.
– These schemes retain the possibility of becoming similar to SHI in case India plans to scale up and expand the modified SHI model.
– In case, these schemes as well as the health insurance set-up continue as it is, it is important to understand (a) the equity implications in terms of offering benefits to some sections without their contributions; (b) the operation of these schemes, especially the successful ones, for potential application to other models; and (c) the potential, if any, of merging the supply-side of these schemes with other insurance schemes.

In the following subsections, these various schemes are discussed under five broad headings, and their salient features are presented briefly.

Central Government Health Scheme

The CGHS was introduced as a contributory plan in 1954, to provide medical coverage to central government employees (both, working and retired) and their families, without involving the system of medical reimbursement.[1]

The scheme was initially started in Delhi and extended over the years to other cities; currently it covers 23 cities. The beneficiaries residing outside these coverage areas are being reimbursed for their medical expenditure as per the All India Services (Medical Attendance) Rules, 1954. Although the details such reimbursement are not available at central level, for government of Andhra Pradesh, for example, a maximum ceiling of reimbursement for both working and retired employees and their families is Rs 75,000; for working employees and their families, there is a provision of a maximum of Rs 1,00,000 reimbursement for major ailments. The state government fully bears the cost.

As for the organisational set-up, CGHS is being operated by the director, who is directly appointed under the ministry of health. There are currently about one million cardholders and the total number of beneficiaries is 4.3 million. The scheme offers a range of services through allopathic dispensaries and also through the units of alternative medicine like homoeopathy. The facilities like outpatient care, emergency/inpatient care, free drugs supply, laboratory and radiological investigation, etc, are being provided through such dispensaries and the network of polyclinics, laboratories, and dental units. The beneficiaries are referred to the designated hospitals for the services that are not available at the dispensary level, and the expenses are reimbursed. About 500 such hospitals are recognised across 17 cities.

The employee contribution ranges from Rs 15 to Rs 150 per month depending on the salary. The pensioners can avail of a 'whole life card' by paying 10 years' contribution at the time of retirement. This almost flat structure of contributions, and the almost negligible amounts make CGHS a very different scheme from the ESIS.

The funds of the CGHS are allocated from the ministry of health and family welfare, and are shown under the budget of the department of health. Thus, there is no separate autonomous fund manager for CGHS, which is a key feature of a SHI scheme. Unfortunately, the detailed description of inflow and outflow of funds is not available and raises questions about the planning process of the department in the absence of such basic data. [Ministry of Human Resource Development 2002].

Both ESIS and CGHS have been grappling with inferior quality of care. The poor infrastructure and facilities under these two systems has been the subject of various articles and discussions. For ESIS, on the one hand, there are issues of poor quality of infrastructure, shortage of medicines and drugs, and substandard quality of the available drugs; on the other hand there are operational issues of negligence and corruption in the system and instances of employers depriving workers of their right to coverage. As for CGHS, quality and accessibility problems have continued to plague the system. Studies have discussed issues like long-waiting time, high out-of-pocket costs of treatment, and inadequate supplies of medicine, equipment and staff [Gumber 2002; WHO/SEARO 2000]. Even for the reimbursement, the administrative formalities are cumbersome.

The ESIS and CGHS together cover about 3 per cent of the population, including beneficiaries and their families. However, some other sectors of the government are also covered by non-contributory schemes, which are in the nature of social welfare schemes, and are essentially benefits given to the various categories of employees in the government sector. In the next section, we discuss some of these schemes in more detail.

Schemes under Specific Ministries

Certain ministries like railways, defence and coal give health coverage to their employees as a benefit, while there are some government-sponsored schemes that provide health coverage to specific employment-based target population. This includes schemes for handloom workers and handicrafts artisans sponsored by the ministry of textiles. Here we discuss the schemes under the ministries of railways, defence and textiles.[2]

Railways health services: Railway working employees and their families can avail the railways managed health facilities without paying any contribution; the retired employees can opt for continued health benefits by contributing the last month's basic pay. The employee coverage includes 1.6 million current

116

employees and 0.25 million retired employees. Currently, about eight million beneficiaries avail the health services through a network of 584 health units, 124 hospitals, including five super-specialty hospitals and nine apex referral hospitals. The improved quality of healthcare is ensured with exceptionally high degree of accountability, mainly because of very alert labour unions, and well-informed and aware employee population. Out of the total railway budget of Rs 3,20,000 million, less than 2 per cent is being spent on health.[3] The budgetary allocation for railway health services is about Rs 6,111 million; about Rs 4,750 million is spent on health-related expenditure while the rest is used for hygiene and sanitation. The perception is that the railways provide a model case of provision of quality health benefits thorough a network of self-run and self-funded health facility network.

Defence medical services: Similarly, ministry of defence, through an inter-service organisation called 'Armed Forces Medical Services (AFMS)', provides a comprehensive health coverage to the serving armed forces personnel and their families of all three wings; army, navy and air force. The total beneficiaries add up to 6.6 million. Previously, the ex-servicemen also used to get limited coverage under this scheme, but with the introduction of a new scheme in the recent past, AFMS is restricted to serving personnel only. There is no contribution from the beneficiaries and the entire expenditure comes from the budget of the ministry of defence.

Ex-servicemen Contributory Health Scheme: The other newly introduced scheme – Ex-servicemen Contributory Health Scheme (ECHS) – provides medical care to ex-servicemen, war widows and their dependents. This scheme covers all diseases and provides cashless medical facilities to the ex-servicemen pensioners settled in far-flung areas of the country. The outpatient services are provided through polyclinics and inpatient treatment through service hospitals and empanelled civil hospitals/facilities. In the year 2003-04, 95 such clinics have been established and the rest will be constructed in a phased manner by 2008.

It is a one-time contributory scheme: on retirement, each pensioner (wef April 2003) will compulsorily become a member of ECHS by contributing his/her one-time contribution to avail the lifetime benefits. Similarly, pensioners who have already retired prior to March 31, 2003 can voluntarily become members, either by paying a one-time contribution or in three consecutive yearly instalments. The contribution varies between Rs 1,800 and Rs 18,000 depending on the basic pension. The total coverage under this scheme is 76,000 including 60,000 employees who retired in 2003-04. The scheme is voluntary for the already retired pensioners and the turnout is still very low, with only 1 per cent of the estimated 1.6 million ex-servicemen enrolled in the scheme. The figure is expected to increase once it is scaled up, and as more health facilities are set up.

Schemes under the ministry of textiles: The ministry of textiles offers schemes to provide social security to the handloom weavers and handicraft artisans, which involve health coverage.

Health package scheme for handloom weavers: This scheme mainly focuses on the health problems related to the profession of handloom weaving. The scheme is a centrally sponsored one and is being operated by the state government. The medical components of the scheme include medical reimbursement up to a maximum of Rs 1,500 per weaver per annum, and the eye camps including provision of spectacles. The reimbursement is applicable for the treatment of TB, asthma and inflammation of alimentary system only, and thus, the health cover is limited. There is no contribution from the beneficiaries, and the total budget of the package was a substantial Rs 146 million during the Ninth Five-Year Plan.

The coverage in this scheme depends on the efficiency of state governments, as they have to submit the proposal for such coverage and expenditure details annually. Among the estimated 6.5 million weavers, only about 4 per cent were covered during the Ninth Plan. From the Tenth Plan, the scheme has been opened to the self-help groups of weavers in addition to the cooperative societies of handloom weavers. Thus, it is expected that the coverage may improve in the near future.

Health package insurance for handicrafts artisans: This contributory social security scheme is being offered in collaboration with United India Insurance Company – a public sector enterprise. The annual premium rate is Rs 200; the government shares 75 per cent of the premium and the rest is borne by the beneficiary or the implementing agency. The health component of coverage includes reimbursement for hospitalisation expenses up to Rs 15,000 and maternity coverage up to Rs 750. As will be discussed later, this scheme offers an innovative way of scaling up SHI for special groups.

Schemes of Public Sector Undertakings

There are 240 central public sector enterprises (CPSEs) established by the government of India as government companies. As on 2002, the employment in these enterprises was about two million excluding casual workers. These public enterprises provide a range of welfare activities to their employees, in keeping with the spirit of a socially responsible employer. Though housing facilities remain the major element of such measures, many of these enterprises are also taking a lead in providing healthcare facilities. It is difficult to collect the expenditure details of these health schemes primarily because the expenditures under health are not being calculated separately, and also because such information generally does not flow to a central authority (240 PSEs are covered under about 30 administrative ministries). However, the department of public enterprises, ministry of heavy industries and public enterprises publishes the *Public Enterprise Survey* (PES) annually; this report provides comprehensive details of public sector enterprises. According to PES 2001-02, the total profit of the PSEs for the year of 2001-02 is Rs 26,045 crore and total expenditure for the social overheads, education, medical and cultural subsidies adds up to Rs 21,84.5 crore. This is about 8 per cent of total expenditure, which means that expenditure on health could be around 2 per cent or slightly less.

Other Schemes with Public-Private Partnerships

In the recent years, improved health coverage has been seen as one of the main objectives of a functional health system, and several experiments of public private partnerships (PPP) have taken place. Below we mention five such schemes, essentially as examples that highlight an important partnership arrangement – that between insurance companies and government – for extending health coverage to certain sections of population. In the context of expansion of SHI, these initiatives are very critical, because of their innovative design, especially on the aspect of reaching generally difficult-to-reach populations, as also the financial sharing of risks among the beneficiaries, insurance company and the government. The partnerships between the

117

government and the public sector insurance companies are also being mentioned under PPP because of the autonomous and new competitive structures of these companies in the privatised insurance sector.

Employees group mediclaim policy – government of J and K: As described earlier, like other states, every government employee of Jammu and Kashmir (J and K) state is allowed to get the reimbursement for hospitalisation-related expenses under the J and K Civil Service (Medical Attendance and Allowance) Rules, 1990. However, the claim settlement and reimbursement process is cumbersome. To overcome these difficulties and for providing good quality healthcare, the government of J and K has introduced a tailor-made mediclaim insurance policy in collaboration with the National Insurance Company (NICL) for the employees of state government (ex and serving), all-India service officers, universities, and public sector undertakings (PSUs) along with their family units.

The premium structure includes Rs 1,400 for a family unit of four. If the family size is increased to eight, there is a provision of further loading of 30 per cent of the premium. The J and K government contributes for the first year 50 per cent (Rs 700 per unit for non-gazetted employees) and 25 per cent (Rs 350 per unit in respect of gazetted employees/serving legislators who are up to the age of 58 years), respectively. There is no subsidy for all-India service officers, employees of PSUs, autonomous bodies, cooperative societies, universities and state government pensioners. The coverage is up to Rs 3,00,000 per family unit on floater basis, i e, the sum insured can be utilised by any of the family member individually or collectively. The scheme is voluntary and, contribution is drawn from the salary of those who opt for it. Unlike standard mediclaim policy, pre-existing conditions and maternity benefits are covered in this scheme. As NICL has collaboration with third party administrators, cashless services are available. The current coverage is 0.35 million beneficiaries.

Universal health insurance scheme for below-poverty-line (BPL) population: The government of India has introduced the Universal Health Insurance (UHI) scheme, targeting the poor, in 2003. All the four public sector insurance companies offer this scheme at a premium of Rs 365 a year for an individual and at a premium of Rs 548 for a family of five members. The government gives a subsidy of Rs 100 per BPL family. The medical components of the benefits include reimbursement of medical expenditure up to Rs 30,000 and illness compensation of Rs 50 per day for the days of hospitalisation of the earning head of the family. There is a provision of coverage for Rs 25,000 in case of death of the earning head of the family due to accident.

The scheme has inherent problems; the premium is too low for the insurance companies to offer good coverage and is too high for the poor families to pay upfront. The policy is difficult to sell as it is generally meant for groups of families. The uptake of this policy has therefore been very slow and only about 2 per cent of the policies have been sold to the BPL population.[4] The insurance companies are now exploring avenues of collaboration with NGOs and other community-based organisations to increase coverage. Similarly, this scheme has been incorporated, as a health cover, in the social security scheme for informal sector workers, which is discussed later. The potential of this scheme – if implemented in a more careful and innovative fashion with a slightly improved design – is immense and it can be folded into one or more national schemes in the future.

Rag picker's scheme – Pune: This is again an interesting example of government-insurance company collaboration for a target group, which is both poor and low in the occupation ladder – the rag pickers. Under this scheme, the Pune municipal corporation has accepted the role of rag pickers in the cleanliness of the city, and agreed to provide health coverage to about 5,000 rag pickers of the city. The corporation pays the premium of the Jan Arogya Bima Policy of the New India Assurance Company, another public sector company. The scheme provides the reimbursement of hospitalisation/domiciliary hospitalisation expenses up to Rs 5,000.

The success of the scheme can be largely attributed to the initiation and mediation of the department of continuing and adult education and extension work, SNDT Women's University, Pune.

Community health insurance scheme of Karuna Trust, Karnataka: Another successful example of partnership among government, insurance company and an NGO to offer low cost health cover to mainly the poor, comes from Karnataka. The state has collaborated with Karuna Trust, an NGO, and National Insurance Company in two taluks of Karnataka; a health cover for a premium of Rs 30 for BPL, and between Rs 30 and 60 for non-BPL population is being offered in these areas. The government of Karnataka has pledged premium payment for the poor and vulnerable sections of the society. As in the case of the rag pickers' scheme, this scheme too has been successful to a large part due to the presence of Karuna Trust, which has acted as the go-between at all stages of implementation.

Students' Health Home: A unique example of coverage extended to a section of the population that is unlikely to be covered so extensively by any other existing schemes is the Students Health Home, West Bengal. This scheme covers 1.6 million students in different parts of the state at a subscription of Rs 4 per year per student and with the option of individual membership for Rs 60 per annum. The subscription is through the education institution of the enrolled student. The extensive coverage of the scheme indicates its usefulness to the student community. However, while the West Bengal government provides grants-in-aid on direct medical expenses of up to 50 per cent, the scheme continues to be plagued by financial problems, and is a prime example of schemes needing urgent government attention for their sustainability.

Social Security Scheme for Unorganised Sector

A scheme that has been recently launched and has some prominent features of SHI, is a scheme for the workers in the unorganised sector. The labour ministry has recently announced a comprehensive social security package, which is to be implemented for two years as a pilot project targeting 2.5 million workers in 50 districts across the country. The scheme is managed by the Employees Provident Fund Organisation (EPFO). There is a single contribution of Rs 50 per month from the workers joining the scheme in the age group of 18-35 years, and Rs100 per month from the workers in the age group of 36-50 years. The contribution from the employers in both the categories will be Rs 100 pm. The self-employed workers and workers without any identifiable employer shall have an option to join the fund by paying the employer's contributions on their own. The government contribution will be 1.16 per cent of the minimum wages of the workers notified by the government from time to time

The benefits include a minimum pension of Rs 500 per month on retirement, i e, at the age of 60 years or total disablement,

118

and family pension in case of death of the worker, a personal accident insurance cover for Rs 0.1 million, and coverage under the UHI scheme for a worker and his family of five including the member. Though the scheme is applicable to the informal sectors, the agriculture workers have specifically been excluded.

Despite the many good features of the scheme, informal reports indicate that it has not really taken off and there is a problem in enrolment. The current enrolment of individuals and families remain below 10,000. Any scheme that hopes to cover the informal and unorganised sector is bound to run into issues of identification, as well as attrition of workers due to uncertain income streams. This scheme is no exception. Further, there are some design flaws, like so-called non-enforceable contributions from employers (who, in the unorganised sector have no incentive to pay any part of the premium), lack of visibility and information about the scheme, and a few others, which may have kept enrolments down.

What is the extent of coverage from all the schemes described above? Table 2 gives estimates of coverage under various schemes; many of these estimates are imprecise and best guesses, in the absence of firm data. Adding up all the available estimates, it seems that about 75 million individuals may be covered by some form of health insurance in India, which is less than 10 per cent of the population. The rest of the population have the option of choosing private or public health facilities, or a mix of both. However, numerous quality concerns have been raised about the public health care system, and it has been recognised by the government itself that this infrastructure is not meeting the objectives of a functioning health system. The high-growth private health sector is catering to those who have the ability to pay and is introducing a greater wedge between the private and the public health care system by making the market more segregated.

In this scenario, expanding and scaling up SHI takes on an added urgency, since it is essentially another way of extending health coverage and ensuring access to healthcare for the population.

IV
Scaling Up SHI in India: Issues and Constraints

India has been grappling with the objective of 'Health for All' for a while now, wondering how exactly to meet this. It is time to understand that Health for All can only happen if we adopt a model of 'Health Coverage for All'.

Should India continue with a system that caters to a small percentage of the population or try and move towards a system that aims to fulfil the Health for All objective? If it is the latter, there is a need to re-think the issue of status quo. Even though the health benefits given in the various sectors mentioned above are comprehensive and keep some sections of the population reasonably satisfied, it is time to think how the system can be altered so that these can also be used to further the coverage-for-all objective.

The previous section answered to a considerable extent the need to consider SHI versus other methods of coverage, which has existed in India for a while, but which has been able to cover only a small percentage of the population, and only those in the organised and economically better-off sections. Below, we present some additional concerns about the current system that make it imperative to think about SHI in a slightly different way.

– The ESIS is the only scheme that has two of the most important characteristics of SHI: the wage-based contributions and separate fund. At present, the ESIS covers 28 per cent of the organised sector workers, and slightly less than 3 per cent of Indians. If ESIS is taken as the model SHI, then one can immediately see the constraints in scaling up. The organised sector is a small part (less than 8 per cent) of total employment, and puts an upper limit on the extent to which it can be expanded.

– If one adds up the coverage under CGHS, railways, defence and other PSUs, it gives us another 2.6 per cent of individuals covered. However, this coverage introduces serious equity problems into the system. Simply put, the system favours those in the organised sector, and therefore, also has a tilt towards urban population. As will be seen from Table 3, though estimates of the geographical and sector-wise distribution of the total employment

Table 2: Health Insurance Coverage in India[a]

Schemes	Beneficiaries (in million)
The Employees State Insurance Scheme (ESIS)[b]	25.3
Central Government Health Scheme (CGHS)[c]	4.3
Railways Health Scheme	8
Defence employees[d]	6.6
Ex-servicemen	7.5
Mining and plantations (public sector)[e]	4
Health insurance (public sector non-life companies)[f]	10
Health insurance (private sector non-life companies)[g]	0.8
Health segment of Life Insurance Companies[h] (Public and private sector)	0.23
State-sponsored schemes	<0.5
Employer run facilities/reimbursement schemes of private sector[i]	6
Employer run facilities/reimbursement schemes of public sector[j]	<8
Community health schemes	3
Total	~85

Notes: a The coverage includes family members of the employees.
b The ESIS coverage as on March 2003.
c The CGHS coverage figures for 2003-04.
d The Figures for the railways and defence as per the officials in the respected ministry.
e These figures are based on data from the director-general employment and training, ministry of labour. Approximately 10 million employees work in these two sectors of the government, as of March 2002.
f The number of policies for mediclaim is about two million, which would yield roughly 10 million lives covered. No firm estimates of these are as yet available in India.
g The total number of lives covered has been calculated based on market share of private companies in the health business (premiums), since there is no other reliable estimate.
h All riders related to critical illness benefit, hospitalisation benefit and medical treatment.
i The estimates are not available for this; private organised sector covered about 8.4 million employees in 2002. Using a factor of four, roughly 35 million individuals and their families can potentially be covered. The ESI covers about 25 million, and a gap of 10 million remains, of which many are covered under group medical insurance. The insurance companies cover about 11 million, and of these rough data indicate that about 40 per cent is group policies (i e, corporate sector); this implies about 4.4 million may be covered through insurance out of these 10 million individuals. The plantation and mining workers and their families in the private sector are covered by government regulations and amount to about four million individuals. This gives us a gap of 1.6 million. In the column, therefore, we have put a figure of six million, which is under the assumption that all of these 1.6 million people may be covered and adding the four million plantations and mining in private sector, and rounding off.
j Public sector companies employ two million workers; if a family size of four is assumed, at most eight million workers and their dependents can be covered. However, not all PSUs offer health benefits/coverage.

Source: Gupta and Trivedi (2004).

Table 3: Distribution of Total Employment, 2001
(Million)

	Organised	Unorganised	Total
Rural			312 (75.8)
Urban			99.5 (24.2)
Total	27.79 (6.7)	383.71 (93.3)	411.5 (100)

Figures in brackets are percentage.

119

are not available, the contribution of unorganised sector and rural population in total employment suggests that these two comprise a majority of the working population; more than 90 per cent and more than 75 per cent of all workers are in the unorganised sector and in rural areas, respectively. Thus, schemes with a tilt towards non-rural, formal sector workers introduce significant equity problems in the existing system by leaving out a majority of the workers.

– Similarly, as Table 4 indicates, the most difficult sections to cover are the casual and the self-employed workers, who comprise the bulk of the workforce in India. While not all salaried workers are in the organised sector, the majority is in this sector. Covering only one section again has implications about a system that aims to be equitable.

– As Table 5 indicates, the equity implications of a scheme like the CGHS are quite severe. If one takes the expenditure on CGHS as a percentage of total expenditure of the health department, it is as much as 14 per cent or one-seventh. This expenditure, however, goes to cover less than 0.3 per cent of the working population and less than 0.5 per cent of the entire population (this calculation includes all beneficiaries including the cardholders). Clearly, there is an equity problem here. If one adds up health expenditures in the other ministries like railways, mining, plantations, etc, we are likely to find the same pattern. Overall, it is safe to say that the government expenditure on explicit health coverage introduces inequity into the system of coverage.

– If the expansion of SHI is employment based, the issue of coverage for those who are not currently employed will remain to be addressed. Thus, for example, students, the elderly, and those who are unemployed, will be left out of such coverage. The example of the Students Health Home Scheme flags this as an area, which is important in the context of scaling up and expansion of SHI.

– To have multiple schemes for the organised sector is also inefficient, in addition to the inequity issues above. While no analytical studies are available, it stands to reason that a myriad of health facility networks built for different population group, often in the same city/town does not apparently seem to meet the efficiency criterion. There may be ways to cut down on costs if these schemes for the organised sector workers are unified and brought under one single umbrella administratively. As will be discussed later, the ultimate objective should be to reduce the multiplicity of schemes and have a few schemes that would cover the entire population.

Finally, the private organised sector is an equally important player in the general scenario because this sector has its own way of extending health benefits and coverage to its employees, who are not covered by ESIS. Slightly more than 31 per cent of the organised sector workforce is in the private sector and while no estimates are available to indicate what percentage of employees are covered in this sector, its potential in contributing to a scaled up SHI system is immense.

In this scenario, the social health insurance takes on added significance, precisely because it is based on the solidarity and the ability to pay principles, which results in pooling across risks and income categories. It is also an important source of financing for countries that have a lower ability to finance health services through general taxation. The SHI also retains the possibility of extending coverage to specific groups of population that are getting covered with the current system, if designed and implemented innovatively. However, the SHI, as it exists today in India, will need to be redefined significantly for it to play an important role in making healthcare accessible to a majority of the population.

For example, there has already been a recommendation that the ESIS structure should be used more intensively and the ESIC should be empowered to develop health insurance schemes for the population beyond the specified employees (ministry of labour, 2002). While the ESIC may not be in the best position to develop health insurance schemes, the point is a valid one; the ESIS, like the railways, has a very wide reach and the structures set up under these should be used to fulfil the objective of greater coverage.

In light of this discussion, we recommend that the following dimensions be introduced in the definition of SHI in India, and schemes that meet these criteria be considered part of SHI.[5]

– Any scheme with contributions from beneficiaries and another party, which may or may not be the employer. For instance, the state or even a non-governmental organisation can be a contributor to the scheme.

– Schemes that are mandatory for certain groups.

– Schemes managed under one unified fund created for SHI and implemented through an umbrella organisation, created exclusively for SHI.

In the next section, we discuss some of the possibilities of innovations in the current system to meet the objective of greater health coverage in India through the enhanced-SHI as defined above.

V
Expansion of SHI and Innovations in Current Health Coverage

Below, we recommend some innovations that may bring about the much needed changes in the health coverage scenario. However, it must be understood that these innovations would also need a change in the mindset, a vision, which moves away from small uncertain steps to big and bold steps in terms of overhauling a system, which has ceased to serve the majority of the population.

We recommend the following steps for a phased and gradual scaling up of SHI over the next two-three years:

– Setting up of a separate legal body/organisation for implementing SHI – Social Health Insurance Organisation (SHIO).

– There will be at least three different divisions or departments of SHIO: one each for the organised sector, the unorganised sector and the remaining population.

Table 4: Percentage Distribution by Employment Status

Categories	Rural	Urban	Total
Regular employees wage/salaried	6.35	36.30	12.30
Casual labourers	34.55	20.80	31.85
Self-employed	59.10	42.90	55.85

Table 5: Expenditure on CGHS

Year	CGHS Expenditure (in Rs million)	Total Expenditure Department of Health (in Rs million)	CGHS Expenditure as a Percentage of Total Expenditure	Percentage of Total Workers Covered	Percentage of Population Covered
2002-03 (RE)	3791.3	26841.7	14.12	0.24	0.42

120

– The entire organised sector workforce should be brought under one consolidated SHI scheme. This operationally implies a system where the current separation of railways, CGHS, ESIS, etc, will have to go, and any worker in the organised sector – whether private or government – is entitled to a health card which will allow him/her to access any of these approved health facilities. The defence can be exempted from this system due to the special nature of this sector.

– The government will have to work out a cost-sharing or other financial arrangement with the private sector organisations that have their own health facilities, which should also be brought under the approved list of SHI.

– It will be mandatory for all the organised sector employees, irrespective of their salary, to contribute to this scheme so that risks as well as contributions are pooled more effectively. This will iron out most of the inequities in the present system and also make it more financially viable.

– Once the organised sector is made to contribute partly towards its own coverage, the government will have more resources to devote to those outside this new system for organised workers.

For the informal and unorganised sector workers and their families, the main issues are (a) lack of a system of identification and (b) inability to use wages as the basis for contributions. Therefore, there will be a need, at least initially, to devise schemes of partnerships that would rely to a significant extent on organisations working with communities, especially in the informal and unorganised sectors. Thus, the examples given above (Karuna Trust, rag pickers' insurance, schemes for the unorganised sector under the EPFO) are good models that can be potentially scaled up. These schemes will use the extensive system of public health facilities set up across the country. Clearly, there will be subsidies involved in such schemes. The insurance company-backed schemes with subsidies from the government will be the intermediate operational model. When these have been scaled up to a sufficient extent, the government can start thinking of slowly moving towards a consolidated scheme for the rest of the population too.

– The health facilities – including the public health facilities would have an option of paid care as well, for those wanting additional facilities not covered by the schemes or for those who opt out of any SHI scheme.

What will be the main constraints in expansion in this manner? It is clear that significant finances will be involved, especially, for subsidy-backed part of the SHI schemes. However, not everything is a net addition: if the organised sector workers who are currently contributing almost nothing for their health benefits start paying, and if the different structures of provision are brought under one umbrella, there will be an additional revenue as well as considerable cost-saving. However, it is clear that states with poor finances and low organised sector workforce will have a dual problem: they will have a larger target population for subsidy as well as a smaller ability to pay for them. Table 6 presents some of these statistics for five selected poor states, as well as two states that are doing considerably better in terms of economic growth and other indicators. Firstly, the table indicates that health expenditure is a very small percentage of total expenditure in all the states. Thus, for any state in India, the raising additional funds for health insurance schemes is going to be a serious issue. Further, for poor states like Uttar Pradesh, Madhya Pradesh, Rajasthan, Bihar and Orissa, the share of organised sector in total employment is very low, which implies that any expansion of SHI is going to be more difficult. Moreover, the financial health of these states is poor; for example, Bihar's own share in the state's total revenue is less than 30 per cent. This implies that these states will have to rely on the centre for additional funds or find other ways to raise its own revenue.

In addition to funding, the legal, administrative and managerial dimensions of scaling up will also be critical.

For these reasons, the central government needs to initiate the process, by first setting up a task force to look into the issue of SHI. This group will be responsible for drawing up the vision of 'Coverage-for-all by scaling up SHI' and clearly outline the steps that need to be taken. The members of the team have to be drawn from the various organisations involved in coverage/insurance within and outside the government, and also the academics/researchers who have been working on this for a while. In particular, since different sections of the population need to be brought slowly under the same umbrella, the task force will have to involve different ministries currently offering health protection in some form like railways, textiles, public enterprises and heavy industries, and in particular, the finance ministry and the Planning Commission. In addition, insurance companies – public and private sectors – should also be involved.

The major aims of the task force would be (a) to develop an operational definition of SHI for India which will go beyond the conventional definition, (b) to indicate how SHI can be integrated with other existing schemes of coverage and (c) to list all the operational, administrative and legal changes required, the responsible organisations that would implement these changes and a timeline for a phased implementation of the plan. Needless to say, there will be several operational issues, which can then be put in place, slowly and jointly with all the stakeholders concerned.

VI
Summary and Conclusions

Despite a government policy on health, the health sector is currently changing shape mostly due to market forces. In this set-up, the need for greater health coverage takes on a more urgent tone and policy-makers need to act now, rather than later, to prevent the high costs of inaction and objective of "Health for All" from becoming even more difficult to attain. The health system in India is ripe for moving towards "Coverage for All" system, which would take care of the "Health for All" objective to a great extent.

First of all, it has to be understood that mere lip service is not going to make Health for All happen. There has been a tendency to not think beyond the current set-up, which admittedly is a

Table 6: Selected Indicators of States

States	Organised Sector as a Percentage of Total Employment	Expenditure on Health as a Percentage of Total Expenditure	Expenditure on Health and Family Welfare as a Percentage of Total Expenditure	State Revenue as a Percentage of Total Revenue
Uttar Pradesh	4.10	3.48	4.35	48.55
Madhya Pradesh	4.58	3.40	4.20	52.39
Rajasthan	5.25	3.64	4.45	60.16
Bihar	5.74	3.20	4.21	26.69
Orissa	5.81	3.40	4.29	40.84
Karnataka	7.99	3.67	4.49	71.59
Maharashtra	8.78	3.33	3.93	83.60

good one for a minority of our population. The need of the hour is for the same minority, who is often at the helm of policy-making, to understand that serious changes need to be made to the system if one wants to fulfil the basic objectives outlined in the health policy. While any change is difficult, the one that involves more than one department and organisation is admittedly more so. It is, however, entirely possible to bring about these changes over the next several years, if a beginning is made now. EPW

Email: indrani@ieg.ernet.in

Notes

[The support for this research was provided by the Centre for Global Development's Global Health Policy Research Network, a programme funded by the Bill and Melinda Gates Foundation.]

1 Besides the central government employees, the scheme provides benefits to the members and ex-members of Parliament; the Judges of Supreme Court and high court (sitting and retired), the freedom fighters, employees of semi-autonomous bodies/semi government organisations, accredited journalists, ex-governors and ex-vice presidents of India. The employees of accountant general of India are covered in some cities through CGHS dispensaries.

2 The Coal India gives health coverage to about five lakh employees and their dependents.

3 These facts were mentioned by a senior official in the railway ministry.

4 Presentation by Praveen Sharma, O S D insurance division, finance ministry, January 2004.

5 None of these dimensions are new; the first principle of state contributing on behalf of those who are unable to pay does exist in some countries, but the funds go to a common pool specially created for health coverage.

References

DFID (2002): Report on DFID Health Insurance Workshop, April 2002, DFID Health Systems Resource Centre, May.

ESIS (2002): Income and Expenditure Account for the Year Ended March 31, 2002, Employees' State Insurance Corporation; http://esic.nic.in/finance/yearend2001.htm

Gumber, Anil (2002): 'Health Insurance for the Informal Sector: Problems and Prospects', ICRIER, November.

Gupta, Indrani and Mayur Trivedi (2004): 'Social Health Insurance Development – India Country Assessment Report', report submitted to WHO, WPRO, March.

IAMR (2003): *Manpower Profile India Year Book 2003*, Institute of Applied Manpower Research.

Ministry of Human Resource Development (2002): Hundred and Thirty Fifth Report on Demands for Grants 2003-2004 (demand no 46) of the Department of Health (Ministry of Health and Family Welfare), Department-related parliamentary standing committee on human resource development.

Ministry of Labour (2002): *Social Security*, Chapter 8, Report of National Commission on Labour, Ministry of Labour.

Misra et al (2003): *India Health Report*, Oxford University Press, New Delhi.

Normand, Charles and Reinhard Busse (2002): 'Social Health Insurance Financing' in E Mossialos, A Dixon, J Figueras and J Kutzin (eds), *Funding Healthcare: Options for Europe*, Open University Press, Buckingham, Philadelphia, pp 59-79.

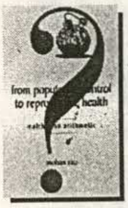
WHO (2003a): 'Social Health Insurance', Report of a Regional Expert Group Meeting, New Delhi, India March 13-15, 2003, WHO Regional Office for South East Asia, June.

– (2003b): 'Social Health Insurance', Report of a Regional Consultation, Bangkok, Thailand, July 7-9, 2003, WHO Regional Office for South East Asia, November.

WHO/SEARO (2000): WHO/SEARO, *Regional Health Forum*, Volume 4, Numbers 1 and 2.

World Bank (2001): India – *Raising the Sights: Better Health Systems for India's Poor*, World Bank.

122



BOOK>> FROM POPULATION CONTROL TO REPRODUCTIVE HEALTH; MALTHUSIAN ARITHMETIC • *by Mohan Rao* • Sage Publications • New Delhi • 2004

Health needs political commitment

SREELA DAS GUPTA

Why do most medical graduates feel that India's biggest public health problems are population explosion or AIDS, and not high infant, child and maternal mortality rates? Why don't tuberculosis, malaria and hunger figure in their list of acute health problems afflicting people in the country? Why is family planning (read population control) regarded as the panacea for many of the nation's problems? And if indeed it is the solution, why has the family planning problem fallen short of all its objectives? Such questions have bothered me in my quest to unravel the mysteries of our public health system from a feminist perspective.

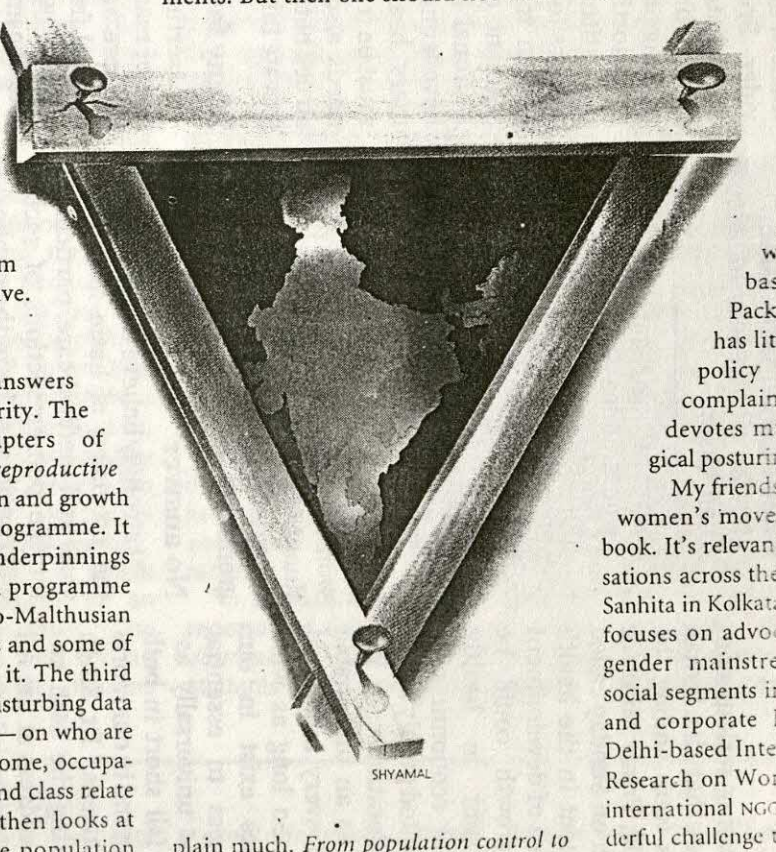
Answers

The book under review answers them with systematic clarity. The first and second chapters of *Population control to reproductive health* explore the evolution and growth of the family-planning programme. It looks at the ideological underpinnings of the population control programme — its Malthusian and neo-Malthusian underpinning foundations and some of the politics that moulded it. The third chapter provides us with disturbing data — or rather the lack of it — on who are the poor, on how does income, occupation, land holding, caste and class relate to family size. The book then looks at the paradigm shift in the population debate after the 1994 international conference on population and development (ICPD) in Cairo, Egypt — reproductive health and rights have a key role in sustainable development. The fifth chapter brings out the anomalies and the chief contradictions of the post-ICPD phase: there is genuine commitment to reproductive rights, but years of coercion take a long while to disappear.

In a nutshell, the book's key message is that the country's public health system has always been dissociated with a political vision. The book ends with a serious message of caution: let us not forget our histories.

More data, please

Mohan Rao writes eloquently. However, the book leaves one craving for more data — particularly because the author has access to tomes of documents. But then one should not complain much. *From population control to reproductive health* should appeal to a broad spectrum: the academia, non-governmental organisation workers, the donor community, the media and feminists. It also has much relevance for those who work our public system — crucial as they are, I wonder if they would pay any heed to it.



SHYAMAL

Anyhow, many have already found the book useful. For instance, workers of the NGO Care India foundation have found this book a good guide while working on the organisation's reproductive and child health nutrition programme. The programme targets seven million mothers and children in 10 states of the country.

The donor community with its diverse political interests and ideological stands, too, have found the book worth a read. Representatives of the New-Delhi based National Foundation of India have appreciated the theoretical underpinnings of the book, but feel that it's high time these should be translated to concrete action at ground level. Field workers of the US-based David and Lucile Packard feel that the book has little to offer by way of policy directives. They complain that Mohan Rao devotes much space to ideological posturing.

My friends and comrades in the women's movement have loved the book. It's relevant for women's organisations across the board: ranging from Sanhita in Kolkata (an organisation that focuses on advocacy programmes for gender mainstreaming with various social segments including youth, police and corporate houses) to the New Delhi-based International Council for Research on Women (a research-based international NGO for whom it's a wonderful challenge to translate the theoretical underpinnings of the book to concrete work).

But will the book's understanding translate into concrete work at ground level? One waits for answers. ■

Sreela Das Gupta is with the International Council for Research on Women, New Delhi

123

Manmohan for huge investment in health

So long as health inequalities exist, we will fall short in economic planning

Staff Reporter

- Health is an inalienable human right every individual can claim
- Private healthcare expansion would address needs of the affluent
- Dependence on Government for primary healthcare would continue

NEW DELHI: Expressing serious concern over the fact that the Indian health indicators were among the worst in the world, Prime Minister Manmohan Singh on Sunday called for huge investment in the health sector so that goals of development and economic growth could be achieved."Investment in health, while essential for economic progress, is not motivated purely by economic considerations. We recognise health as an inalienable human right that every individual can justly claim. So long as wide health inequalities exist in our country and access to essential health care is not universally assured, we would fall short in both economic planning and in our moral obligation to all citizens," Dr. Singh said while delivering the 34th annual convocation address at the All India Institute of Medical Sciences (AIIMS) here after inaugurating its Golden Jubilee Celebrations.

Dr. Singh, who was conferred the AIIMS' honorary fellowship, said the expansion of private healthcare would address the needs of the affluent and those covered under the organised medical care programmes.

No answer

"I strongly believe that the bulk of the provision of basic health services and medical care, particularly for the poorer sections of society will continue to be in the public domain for many more decades. Millions of people living below the poverty line and in our rural areas will continue to depend on Government as the primary healthcare provider. Private care cannot be the immediate answer to the needs of those who do not have basic purchasing power," he said.

Exhorting AIIMS and other similar institutions and national policy-makers to refashion the healthcare system to meet the needs of this segment of society, he said: "The National Rural Health Mission we have launched will take care of primary health care issues. Policies must be framed to meet the hospital needs also. A balance needs to be struck between the government and private initiative in this context."

Many factors

Asserting that health was the result of many factors of which medical care was just one and urging the medical fraternity to reflect on the ways by which basic health levels could be improved, Dr. Singh said: "I entrust the government, health policy planners and the medical fraternity with the task of exploring ways by which we can bring the health status of the rest of the country to the levels in Kerala, that has world-class health indicators, in the next decade. It is only when society at large benefits from government investment in high class medical care that we can say that the investments have borne fruit."

AIIMS-like institutions

Speaking at the ceremony where 380 medical students were awarded degrees, Union Health Minister and AIIMS president Anbumani Ramadoss detailed the steps being taken to improve the health sector.

He underlined the need for opening six new AIIMS-like institutes in various States so that patients need not come to Delhi for treatment.

"The Rural Health Mission is one such project, the impact of which will be visible in the next three years. We will also be introducing compulsory rural training for medical students and bringing Clinical Establishment Act for quality healthcare besides introducing modern and more practical curriculum in undergraduate medical courses," he added.

124

MEDICAL NEWS
FROM ALL OVER THE WORLD

SEXUAL BEHAVIOUR AND TEENAGERS

American researchers have found that the first map of teen sexual behaviour gives new meaning to the old warning that you don't just have sex with a person, but with everyone that person ever had sex with.

Researchers found a chain of 288 one-to-one sexual relationships at a high school in the US, Midwest, meaning the teenager at the end of the chain may have had direct sexual contact with only one person, but indirect contact with 287 others. Researchers said that they were surprised by the findings which also showed that, despite reputations and popularity, most teens in their study did not engage in promiscuous behaviour with many others.

"From a student's perspective, a large chain like this would boggle the mind. They might know that their partner had a previous partner. But they don't think about the fact that this partner had a previous partner who had a partner, and so on. This means that teens need a different approach to sexual health education, especially the prevention of sexually transmitted diseases," said the research team leader Dr James Moody of The Ohio State University.

Researchers studied a single Midwestern High School in an unidentified mid-size town. The students had taken part in an anonymous survey that included details of their sexual behaviour.

Researchers found that, just as in the US teen population on an average, over half the students had had sexual intercourse.

In one instance, 288 students were linked in a one-to-one chain of sexual contact that rarely looped back. In other words, one boy had sex with one girl, who had sex with another boy, who had sex with another girl, and so on. And they were doing it this way on purpose.

"All the evidence from this network suggests that the kids were very aware of the local pattern and local history of sexual activity. They know that they are not going to date their ex-boyfriend's girlfriend's partner. That's too close. It was almost like an incest taboo. It forces people to find new partners instead of recycling," said Dr Moody.

"This is very different from adult sexual behaviour. In adults, you'll behave like basketball stars with thousands and thousands of partners," said Dr Moody.

SEX WITH PATIENTS IS GOOD

Forty per cent of medical students in Scotland believe that they could justify having sex with a patient, according to a poll published recently. ,

In a small study of 62 students reported in the latest issue of the *Journal of Medical Ethics*, the students said it would be acceptable in certain situations.

"The issue of sexual relationships between doctors and former patients remains an area of debate among the medical profession," said Dr Johan Goldie of the University of Glasgow, who conducted the survey.

Researchers questioned medical students in Glasgow at four different times during their medical training and asked how they would react in certain situations. In one scenario, the students were asked if they would accept an invitation to dinner from a patient who was finishing a lengthy treatment, if they were the only doctor on a small, remote Scottish island.

Sixty per cent said that they would decline because it would be unethical and compromise the doctor-patient relationship. But the remaining students said the they would accept because they thought they could keep their public and private lives separate or due to the difficulty of meeting someone in such an isolated place.

NOW MALE CONTRACEPTIVE

Australian researchers have successfully conducted an experiment using two hormones to suppress sperm production, which, they said, could lead to the first injectable male contraceptive. Men in the trial group of 55 couples received hormone treatment over the course of a year, using a combination of the male hormone testosterone and progestin, which is used in female contraceptive pills. The scientists said that the aim of the trial had been to switch off male sperm production. The hormone treatment was the only form of contraception that was used during the trial, and none of the men's partners became pregnant or showed any side-effects.

PREMATURE DELIVERY

A simple dental check-up might prevent premature delivery. No less than 12% of babies in the USA are born pre-term. They face increased risk of death thus – and disabilities such as mental retardation, cerebral palsy and lung and gastrointestinal problems. The report is based on a survey of 366 pregnant women suffering from periodontitis — a gum infection. 84% reduction of premature births was found in women who were less than 35 weeks pregnant and received scaling root planning. The findings have appeared in the latest issue of the *Journal of Periodontology*.

125

1/9/05 D.C



Shri Arjun Singh
Minister of Human
Resource Development

NATIONAL NUTRITION WEEK

1-7 SEPTEMBER 2005



Smt. Kanti Singh
Minister of State for Women
& Child Development

Micronutrient Deficiencies: A Drain on Indian Economy

Vitamins and Minerals, also known as Micronutrients, are vital for human beings.

Consequences of Deficiencies

Vitamin A Deficiency
* Poor Growth of children.
* Increased morbidity due to Diarrhoeal diseases and Respiratory infections.
* Increased mortality due to measles.
* Increased risk of degenerative diseases and cancer.

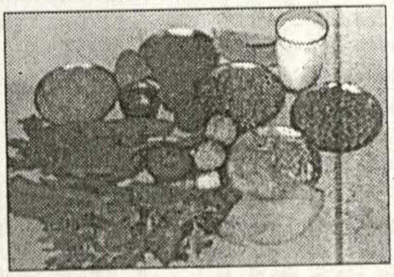
Food Sources
* Whole milk,curd, egg yolk, liver,butter,ghee.
* Green,orange and red coloured fruits and vegetables.

Folic Acid(Vitamin)Deficiency
* Neural Tube Defects (birth defects) in new borns.
* Anaemia in children and pregnant women.

Food Sources
* All foliage-dark green leafy vegetables.

Iron Deficiency Anaemia
* Reduced physical work capacity. (Low Productivity)
* Impaired Cognitive Functions and Brain Metabolism (Poor Learning Ability)
* Reduced Immunocompetence (Increased morbidities)
* Adverse Pregnancy Outcomes (Maternal Deaths) (Low Birth Weight) (Obstetrical Risks)

Food Sources
* Whole grain cereals, sprouted pulses,dates,nuts and oilseeds, green leafy vegetable, red meat,liver etc.



Iodine Deficiency
* Abortions, Stillbirths,Congenital anomalies,Increased Perinatal Mortality,Squint,Deaf Mutism, Brain Damage,Dwarfism.
* Loss of 10-15 IQ pts Impaired Mental function, Retarded Physical Development, Goitre.

Food Sources
* Iodized salt, double fortified salt (iron and iodine).
* Sea foods.

HEALTHY EATING – HEALTHY PEOPLE
FOR
BETTER PRODUCTIVITY AND ECONOMIC GROWTH

Food and Nutrition Board
Department of Women and Child Development
Ministry of Human Resource Development
Government of India

davp 2005/492

Study social determinants of diseases, says WHO

Technical knowledge and health system may not be the answer

Aarti Dhar

NEW DELHI: India needs to make its public health system operative and effective, says the World Health Organisation (WHO) Commission on Social Determinants of Health. Besides possessing technical knowledge, the Government needs to understand the social determinants of diseases.

- System slow to respond to encephalitis situation in U.P.
- Society too did not react
- SEWA formulating social security Bill for unorganised sector

"Technical knowledge and an effective public health system may not always be the answer. Sometimes, understanding the social determinants of diseases can help in prevention," said Michael Marmot, Commission chairperson and Director of the International Institute for Society and Health at University College, London.

Citing the examples of HIV/AIDS and malaria, which could be prevented primarily by creating awareness, Prof. Marmot said the outbreak of Japanese encephalitis in Uttar Pradesh could have been checked had there been enough awareness and "partnership" with society.

"It is no secret that we, in India, have the necessary infrastructure in the health sector, but the services and the system are not functioning. Even in a State like U.P., there is infrastructure, but the services are not operative," said Mirai Chatterjee, Commission member and coordinator of the Ahmedabad-based Self-Employed Women's Association (SEWA), a non-governmental organisation working for women in the unorganised sector.

As the system was slow to respond, hundreds of lives were lost in Uttar Pradesh. There had to be awareness, people need to demand a functional system and the Government had to be made accountable, she said.

"Crores are spent on the health sector, there are thousands of doctors and lot of infrastructure, but then I see no reason why the system could not react to the tragedy," she said. The entire blame could not be put on the Government because society too did not react.

The Commission was established as an independent body in March to address the social and environmental factors which impact health. The aim is to put health and its social determinants at the centre of all governmental initiatives.

There are 18 Commissioners functioning across the world and seeking partnerships with local governments to reduce health inequities. The members include key policymakers, scientists, practitioners as well as persons representing society. Nine 'knowledge networks' function simultaneously on nine specific issues of health.

Prof. Marmot and Ms. Chatterjee recently met the Prime Minister to discuss policies for narrowing health inequities through action on social determinants. They called on Planning Commission Deputy Chairperson Montek Singh Ahluwalia on Saturday.

"The problems in India are known to everyone and there are no easy solutions. There have been dramatic improvements, but these are not universally enjoyed and I see no reason whey these gains cannot be across the board," Prof. Marmot said.

To be wound up by the end of 2008, the Commission would come out with recommendations and also "sustainable" partnerships.

"Disparities will not be reduced in three years, but we can tell the Government what its socio-economic policy would look like if social determinants of health are taken into account," Prof. Marmot said.

26/9/05 The Times of India, Hyderab

An Act to access information

What is the Right to Information Act?

The Right to Information (RTI) Act, 2004 is a comprehensive legislation that would confer statutory rights on citizens for seeking information from public authorities. The Act seeks to ensure a) maximum disclosure and minimum exemptions consistent with constitutional provisions b) an effective mechanism for access to information and disclosure by authorities c) an independent appeal mechanism and d) penalties for failure to provide information as per the law. The Act is a major improvement on the Freedom of Information Act that was passed by Parliament in December 2002 but never came into force. The RTI bill was tabled in Parliament on December 23, 2004 and was passed on May 12, 2005. Upon receiving President's assent on June 15, 2005, the RTI act is supposed to come into force within 120 days. So latest by October 12 this year, the RTI act should be functional in every city and village. The Act is not applicable to the state of Jammu and Kashmir and intelligence and security organisations like the IB, RAW and BSF are out of its purview. It also provides an exemption for all documents of the cabinet and council of ministers.

What are the key provisions in the RTI Act, 2004?

The preamble of the RTI Act states that it sets out to provide a 'practical regime of right to information for people to secure access to information' in order to promote transparency and accountability. Only citizens can request information from a 'public authority', defined as any body constituted under the Constitution or a law made by Parliament, or any body owned or controlled by the central government. This definition does not include private bodies that perform public services. Broadly, the Act includes a right to copy and inspect records, take certified samples and inspect public works.

LEARNING WITH THE TIMES

Public authorities are also bound to proactively publish a wide range of information about their organisation. A Central Chief Information Commissioner will be appointed by a committee consisting of the Prime Minister, leader of the opposition and a Union minister nominated by the PM. Each state will also have its own information commissioner. Additionally, an officer at each sub-divisional level or other appropriate sub-district level shall be designated as Public information officer (PIO). The PIO shall receive all requests for information, and pass them on to the designated authority for transmission to the relevant department or agency.

What is the procedure for seeking information under the Act?

Information must be requested in writing, including by email, and the request must be submitted to the PIO. Application needs to be responded to within 30 days, except in cases concerning the life and liberty of the person, where information must be provided within 48 hours. Where no response is received, this will be deemed to be a refusal. Applications must be rejected in writing with the appropriate reasons. Where applications are approved, a fee will be imposed for accessing the information. However, if the application is not dealt with in time, fees will not be collected.

If a person believes she has been wrongly denied information, she can appeal to the officer immediately senior to the PIO in the concerned public authority. A second appeal can be lodged with the independent information commissioner. Penalties can be imposed on PIOs at the rate of Rs 250 a day upto Rs 25,000.

What is the current controversy regarding the Act?

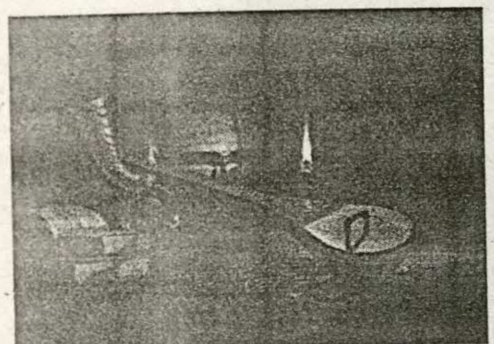
After initially rejecting it, the government has finally accepted the bureaucrats' demand that notings by officials on government files should not be made public under the RTI Act. The President had also backed the demand and supporters of this view claim that if not enacted it will discourage officials from making honest and fair assessments as file notings are part of the deliberation process.

VOL. XXX NO. 20 PAGES 48 NEW DELHI 13 – 19 AUGUST 2005 Rs. 5.00

INDIA'S NATIONAL KNOWLEDGE COMMISSION MUST ADDRESS THE PROBLEM OF THE EDUCATED UNEMPLOYED

— *Dr D.C.Misra*

India has taken a pioneering step in setting up the National Knowledge Commission on 13th June this year by a notification of the planning commission, government of India. This announcement has created a great deal of interest in India. Many rightly believe this to be a unique opportunity, which must be seized, to draw a plan of action and implement it to enable India leapfrog into the 21st century more so as it has already created the requisite knowledge base, a



talented pool of knowledge workers and an explicit recognition of importance of knowledge in an increasingly globalised world. This article attempts to provide an overview of India's National Knowledge Commission (NKC) and urges the Commission to address the problem of the educated unemployed.

Background

The Prime Minister, Dr Manmohan Singh, while speaking at the inaugural plenary session of the confederation of Indian industry (CII) partnership summit 2005 on January 12, 2005 in Kolkata, had announced that the government will create a knowledge commission, to strengthen the roots and sinews of India's capacity and capability-building, so that India is better prepared for the challenges of the 21st century. Suggesting that building a knowledge-economy and knowledge-society was the only way to meet the challenge of globalisation, the Indian prime minister said, "I want business leaders as well as our political and intellectual leaders to work with the Knowledge Commission so that we can build a more open society and a more open economy."

Mandate and composition

A personal initiative of Dr Singh, an Oxbridge-educated economist-civil servant, the mandate of the commission is to sharpen India's "knowledge edge." The 8-member commission consists of: 1. Shri Sam Pitroda (chairperson), 2. Dr Pushp Bhargav (vice chairperson), 3. Shri Nandan Nilekani, member, 4. Dr. Pratap Bhanu Mehta, member-convenor, 5. Dr. Andre Beteille, 6. Dr. Jayati Ghosh, 7. Shri Ashok Ganguly, and 8. Dr. Deepak Nayyar, as other members.

All the members of the commission are eminent experts in their respective fields. It is a reasonably sized commission, neither very small nor unwieldy, thus capable of carrying out its deliberations as a coherent team in a time-bound professional manner. It is also well balanced in its composition reflecting a wide variety of expertise and critical frontiers of knowledge. Hopefully, the deliberations of the commission will bear the expertise of Shri Sam Pitroda (telecom), Dr Pushp Bhargav (molecular biology), Shri Nandan Nilekani (information technology), Dr. Deepak Nayyar (civil service / higher education), Shri Ashok Ganguly (secondary education), Dr. Andre Beteille (sociology), Dr. Jayati Ghosh (economics) and Dr. Pratap Bhanu Mehta (political science). All the members of the commission are on part-time basis.

Terms of reference

The Commission will advise the Prime Minister on matters relating to institutions of knowledge production, knowledge use and knowledge dissemination. According to the notification creating the Commission, it is a Commission 'to the Prime Minister.' This provision makes the Commission a powerful body as it would presumably directly report to the Prime Minister, obtain his orders on its proposals and directly provide a feedback to him. The terms of reference of the Commission, referred to as the 'Knowledge pentagon,' are: (i) building excellence in the educational system to meet the knowledge challenges of the 21st century and increase India's competitive advantage in fields of knowledge, (ii) promote creation of knowledge in science and technology (S&T) laboratories, (iii) improve the management of institutions engaged in intellectual property rights (IPRs), (iv) promote knowledge applications in agriculture and industry, and (v) promote the use of knowledge capabilities in making government an effective, transparent and accountable service provider to the citizen and promote widespread sharing of knowledge to maximize public benefit.

Tenure and the working of the Commission

The Commission, according to the notification, would develop a set of clear deliverables after catalyzing and interacting with working groups and make public its 36 month plan for October 2, 2005 to October 2, 2008. The Commission will wind itself up on October 2, 2008 with a report on task done. The oversight mechanism provides creation of a National Steering Group (NSG) under the chairmanship of the Prime Minister with the following composition to guide the work of the National Knowledge Commission (NKC): 1. Prime Minister (chair), 2. Minister of Human Resource Development, 3. Minister of Agriculture, 4. Minister of Commerce and Industry, 5. Minister of Communication and Information Technology, 6. Deputy Chairman, Planning Commission, and 7. Minister of State, Science and Technology.

The National Knowledge Commission (NKC) has two noteworthy innovative working procedures. First, it will be assisted by a Technical Support Group (TSG) to be staffed by 10 young professionals hired on contract from premier educational institutions like the Indian Institutes of Management (IIMs)

Contd. on page 2

INDIA'S NATIONAL...

Contd. from page 1

or Indian Institutes of Technology (IITs). This is indeed a very welcome feature of the working of the Commission as perhaps for the first time the government is directly involving the youth in official deliberations who can not only ideally articulate their problems but no doubt are also bubbling with ideas to take the country forward.

Secondly, the National Knowledge Commission (NKC) will address its terms of reference through six Working Groups (WGs), to be constituted by the ministry concerned, namely, Ministry of Human Resource Development (MHRD), Ministry of Science and Technology, Ministry of Commerce and Industry, Ministry of Agriculture, and Department of Information Technology (DIT).

The Planning Commission will be the nodal agency for the National Knowledge Commission (NKC) for administrative, logistic, planning and budgetary purposes as well as handling parliament related responses. India's National Knowledge Commission (NKC) looks forward to co-operating with multilateral agencies, think tanks and universities in India and abroad, as the Commission works to harness knowledge for India's development and realize its potential to become a major knowledge power, according to its chairman Sam Pitroda.

World bank report on India and knowledge economy

Investment in knowledge is increasingly seen as key to accelerated socio-economic development worldwide. Many developed countries are making substantial investment in knowledge. Countries like the United States spend as much as 6.8 per cent of GDP on knowledge while the average for the OECD countries is as high as 4.8 per cent of GDP. It is no wonder therefore to see that a leading development finance institution like the World Bank has shown interest in the knowledge economy in India.

A recent World Bank study by Dahlman and Utz (2005): India and the Knowledge Economy: Leveraging Strengths and Opportunities has recognized that India has made tremendous strides in its economic and social development in the past two decades and is poised to realize even faster growth in the years to come. The study notes that the time is very opportune for India to make its transition to the knowledge economy.

The problem of educated unemployed

India's National Knowledge Commission has a number of tasks before it. The foremost task is to address the problem of educated unemployed. Unemployment stood at record estimated 186 million individuals in 2003 'without work and looking for work' with the world youth unemployment rate (14.4 per cent) being over twice as high as the world unemployment rate (6.2 per cent), according to International Labour Organisation (ILO). More importantly, and in Indian context, it is the problem of educated unemployed, which exposes the untenable problem of educating the youth and then failing to provide jobs to them.

According to recently released census figures, the number of jobless in India grew by more than three times in 10 years — from 13.8 million in 1991 to 44.5 million in 2001. The unemployment rate of graduates (17.2 per cent) is significantly higher than the overall unemployment rate of 10.1 per cent. In absolute terms, there were 45.2 million unemployed in 2001, of whom 8.5 million were illiterates and 36.7 million literates, including 4.8 million graduates. Unless the problem of educated unemployed is successfully tackled, India may face serious roadblocks on its journey to become a knowledge superpower. Solution, of course, lies in revamping its education system to make it market-oriented by equipping the youth with knowledge and skills required by the market in which both the private and public sectors have important roles to play. India's National Knowledge Commission (NKC) should therefore address the problem of educated unemployed on priority.

(The author is formerly of the Indian Administrative Service and former Chairman, Task Force for IT Policy for Delhi. Dr Misra is an Independent eGov, IT and KM Adviser and Consultant at large based in New Delhi.)

130

Lagging in Learning

ANJANA MUNSHI DURANI & HUMERA ARSHIA

MANY children, right from birth, suffer from a specific learning disability. Such developmental disorders occur due to a fault in one or more of the basic processes involved in understanding spoken or written languages. It may show up as a problem in listening, thinking, speaking, reading or writing. Many children with learning disabilities have overlapping behavioural or emotional problems that need correction. There may be a single, isolated learning problem or many overlapping learning disabilities may be apparent in one person. However, such learning disabilities do not include those occurring primarily due to visual, hearing or physical handicaps or emotional disturbance.

Children with learning disabilities are not dull or mentally retarded. On the other hand, many children with a learning disorder exhibit some talents like in music and sports.

Types of Learning Disabilities

Following are different types of learning disabilities:

- **Dyslexia:** It is a severe difficulty in using and understanding language. It may show up as a problem in thinking, speaking, listening, reading and writing. However, children with dyslexia can be extremely creative.
- Dysgraphia: It is the inability to write legibly and quickly.
- Dysnomia: It is a marked difficulty to remember names and recall appropriate words when required to answer a question immediately.
- **Dyscalculia:** It involves problems with learning fundamentals and one or more of the basic numerical skills.

Dyslexia is the most common learning disability and has been most carefully studied. It affects 80% of all the



Green areas are less active in dyslexics when reading simple words.

individuals identified with a learning disability. Dyslexia is normally a persistent chronic condition that stays with individuals for their entire lives and it does not simply represent a transient 'developmental lag'.

Causes of Learning Disabilities

The major causes of learning disabilities are neurobiological and genetic in origin.

Genetic Causes

Learning disabilities tend to run in families. Very often one parent has a history of a specific learning problem like dyslexia or a problem in some area of academic functioning. Research is on in this area and a few genes responsible for learning disorder have been even identified.

ARX Gene: This gene, associated with learning disorder, has been found to be present on the X-chromosome. All the males who carry an ARX mutation have some degree of a learning disorder. The pattern of inheritance of this gene in all families is X-linked, which means that all the affected males are connected through unaffected females called carriers like in hemophilia, muscular dystrophy or colorblindness. Therefore, males are more affected than females.

Short Arm of Chromosome 18 and Chromosome 6: A study on children of 200 families, who were dyslexic, revealed that a region of chromosome 18, one of the 23 pairs of human chromosomes, was highly associated with this condition. A gene on the short arm of chromosome 6 was also found responsible for dyslexia. The dominant condition of this gene makes dyslexia highly heritable. It definitely runs in families. In addition, two more loci on chromosomes 2 and 15 have been also found to be responsible for dyslexia.

These preliminary investigations show that two or more genes might be responsible for the same condition. How these genetic alterations influence the development of specific lexical and graphic functions is yet unknown.

Neurobiological Causes

Research efforts are on to identify biological causes of common learning disabilities like dyslexia. Functional neuroanatomy is studied by doing brain scans like PET scans. The scans normally show differences in structure and functioning of the brain. For example, there may be a variation in the brain structure called 'planum temporale', a language related area found in both sides of the brain. In people with dyslexia, the two structures were found to be equal in size, while in people who are not dyslexic, the left palnum temporale was noticeably larger. Some scientists believe that reading problems may be related to such differences.

In addition to unique brain architecture, people with dyslexia have unusual 'wiring'. Neurons are found in unusual places in the brain, and are not as neatly ordered as in non-dyslexic brains.

Risk Factors

Following is the list of risk factors for getting learning disabilities:

Teratogens

This is a common term used for all those things, which may cause damage to the brain of the growing fetus if taken during pregnancy. It includes smoking, alcohol and certain drugs during pregnancy specially cocaine.

Smoking During Pregnancy: Scientists have found that mothers who smoke during pregnancy may be more likely to bear smaller babies. This is a concern because small newborns, usually those weighing less than 5 pounds, tend to be at risk for a variety of problems, including learning disorders.

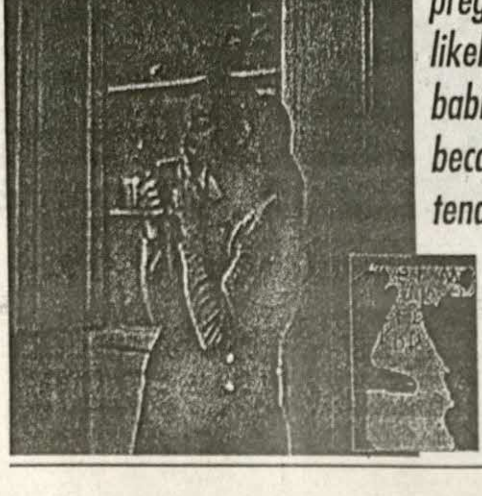
Alcohol During Pregnancy: Alcohol may be dangerous to the developing brain of the fetus. It appears that alcohol may distort the developing neurons. Heavy alcohol use during pregnancy has been also linked to fetal alcohol syndrome, a condition that can lead to low birth weight, intellectual impairment, hyperactivity, and certain physical defects. Therefore, intake of alcohol during pregnancy may influence the child's development and lead to problems with learning, attention, memory, or problem solving.

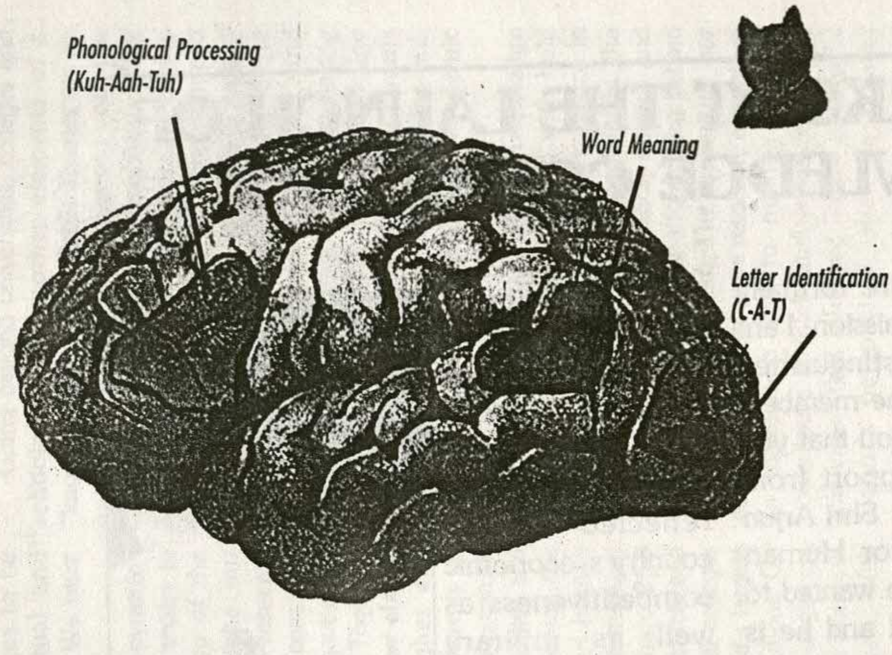
Drugs During Pregnancy: Drugs such as cocaine, especially in its smokable form known as 'crack', seem to affect the normal development of brain receptors. These receptors on the nerve cells help to transmit incoming signals from our skin, eyes, and ears, and help to regulate our physical responses to the environment. Because children with learning disabilities have difficulty in understanding speech, sounds or letters, some researchers believe that these disorders may be related to faulty receptors.

Problems During Pregnancy/Delivery

Other possible causes of learning disabilies involve complications during pregnancy. In some cases, the mother's immune system reacts to the fetus and attacks it as if it were an infection. This type of disruption seems to cause newly formed brain cells to settle in the wrong part of the brain. Further, during delivery, the umbilical cord may become twisted and temporarily cut off oxygen to the fetus. This, too, can impair brain functions and lead to some learning disorder.

Scientists have found that mothers who smoke during pregnancy may be more likely to bear smaller babies. This is a concern because small newborns tend to be at risk for a variety of problems, including learning disorders.





Many children with learning disabilities have overlapping behavioural or emotional problems that need correction. There may be a single, isolated learning problem or many overlapping learning disabilities may be apparent in one person.

Child's Exposure to Toxins

New brain cells and neural networks continue to be produced for a year or so after the child is born. These cells are vulnerable to certain disruptions. Cadmium and lead, both prevalent in the environment, have become an important focus of neurological research.



Cancer Therapy

Learning disorders may develop in children with cancer who had been treated with chemotherapy or radiation at an early age. This seems particularly true for children with brain tumors.

Diagnosis

Parents are usually the first to notice obvious delays in their child reaching early milestones. The pediatrician may observe more subtle signs of minor neurological damage, such as the lack of coordination. But the classroom teacher, in fact, may be the first to notice the child's persistent difficulties in reading or writing. As school tasks become more complex, a child with a learning disability may have problems mentally juggling more information. Actual diagnosis of a learning disorder, however, is made using standardized tests that compare the child's level of ability to what is considered normal development for the person of that age and intelligence.

Possible Treatments

For nearly six decades, many children with attention disorders have been benefited from being treated with medication. Three drugs, Ritalin (methylphenidate), Dexedrine (dextroamphetamine), and Cylert (pemoline), have been used successfully. Although these drugs are stimulants in the same category as 'speed' and 'diet pills', they seldom make children more jittery. Rather, they temporarily improve children's attention and ability to focus. These drugs also help children control their impulsiveness and other hyperactive behaviours.

Dietary Regulations

It has been suggested that children suffering from learning disabilities should avoid some foods like sweet and candy, soft drinks such as cola, chocolates, noodles and soups with additives, artificial flavour, preservatives and coffee. Such children are suggested to eat wheat bread, meat, fish, fresh fruits, vegetables, eggs and cottage cheese and drink plenty of water.

The management of any type of learning disability has three basic goals:

- To help the child acquire necessary skills despite the lack of aptitude.
- To help the child to cope with academic challenges despite the lack of an essential skill.
- To preserve self-esteem and motivation.

Parents of children with any type of learning disability must not feel disheartened, as the disability is no barrier to success and such children do learn to adapt and live fulfilling lives.

Dr Anjana Munshi Durani is working as a lecturer in the Department of Genetics, Shadan PG Center for Biosciences, Kharitabad, Hyderabad-500 016. Ms Humera Arshia is a student in the same department.

133

PM'S REMARKS AT THE LAUNCH OF THE KNOWLEDGE COMMISSION

2 August 2005

I am truly delighted that we are formally launching the Knowledge Commission. I am grateful to each one of the distinguished persons who have agreed to be the members of this Commission and I assure you that you will have the fullest possible support from myself as well as our Government. Shri Arjun Singh ji, the Hon'ble Minister for Human Resource Development, very much wanted to be here but he is little indisposed and he is not able to attend but I can assure you on his behalf, on my behalf and on behalf of our Government that we will work whole heartedly with you to ensure that your work proceeds as you would like it to proceed. And it goes without saying that we are eagerly looking forward to your suggestions on how we can strengthen the knowledge base of our country.

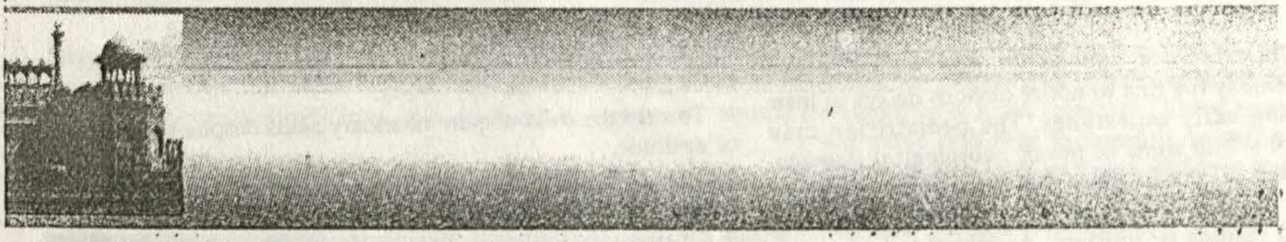
It is now commonplace to say that the 21st Century will be the "Knowledge Century". What exactly do we mean when we say this? I believe that this proposition implies that it is not military power or economic power that will in fact determine a nation's place in the world now in the making, but its "brain power". Brain power should of course be reflected in a country's economic competitiveness as well as military prowess. More importantly it should be reflected in, what



Amartya Sen has called, "human capabilities". Human capability is a function of the well-being of people and the investment we make in human capital formation. The ability of a nation to make best use of its brain power will shape its place in the world in the present century.

If capability created by knowledge is the foundation upon which our future is to be built then we must ask ourselves whether we are

Contd. on page 2



Contd. from page 1

adequately equipped and prepared for the future. The paradox about India is that the answer to that question cannot be unambiguous. In many ways we have the potential to make the best use of the opportunities that lie ahead of us. However, in many other ways we also have an enormous task ahead of us in being able to realize this vast latent potential of our country.

The enormity of this task is all the more due to the demographic transition underway now in our country. In the next few decades India will probably have the world's largest set of young people. Even as other countries, begin to age, India will remain a country of young people. That I believe is potentially our great advantage. All demographers tell me that if the proportion of working population to total population increases, that should be reflected in a sharp increase in the country's savings rate. And if we can find productive job opportunities for our working population, that of course would give us a big opportunity to leapfrog in the race for social and economic development and our growth rates should go up and we are today, I think placed in the situation where China and other countries of South East Asia face the phenomenon of ageing population and we are an exception to this rule. And therefore, it might be our opportunity to leapfrog in the race for social and economic development. As I said, these youth can be an asset only if we invest in their capabilities. A knowledge-driven generation will be an asset. Denied this investment, it will become a social and economic liability. Hence, we must invest in building the knowledge base of our coming generations.

The task ahead is at many levels – from primary schools to higher education and research institutions of national excellence. At all levels, there is a need to improve both access and excellence. There are, of course, fiscal and administrative challenges to be tackled and there are intellectual and leadership issues to be addressed. We must address them boldly.

At the bottom of "knowledge pyramid" the challenge is one of improving access to the primary education. At the top of the "pyramid" there is need to make our institutions of high education and research world class. There is a genuine funds constraint in the public sector that is being neutralized only in part by the private sector. Together, the public and private sectors are not able to cope with the demand for higher and professional education. However, there is an additional problem at the top of the pyramid, namely, that of quality. Our Universities and centers of excellence are falling behind the best in the world both in terms of human capital and in terms of physical infrastructure.

India has, today, more than 250 Universities, and many more Research and Development units, and professional colleges and institutions. We have the world's largest chain of publicly funded R&D institutions. On an average, more than 3,50,000 engineers and 5,000 Ph.D. scholars graduate from our Universities and Colleges every year. With such a vast pool of qualified, English-speaking scientific and technological manpower, India must have the ambition to become a large base of research and development activity. We should be able to attract global investment into R&D activity at home. I do think we should put in place the required legal and physical infrastructure that can attract more foreign investment in R&D activity in India. The Knowledge Commission must come forward with creative ideas to promote the 'knowledge base' of our economy and to exploit the vast latent potential that lies. We must leverage it to make India truly the 'Knowledge Engine' of the world.

Going beyond universities, colleges and schools there are other elements of a "knowledge economy". Public libraries are an extremely important element of the foundation of a knowledge economy. Think Tanks and specialized institutions are equally important, especially in facilitating informed policy-making. I would also like you to suggest ways in which the Central and State Governments can improve rules and regulations and the capacity of policy-making institutions that deal with knowledge institutions. Be it the University Grants Commission or other institutions dealing with certification and regulation of academic institutions and programmes.

Finally, I would like the Knowledge Commission to come forward with bold proposals aimed at improving excellence in research and teaching, especially in the frontier areas of mathematics, science and technology. India cannot afford to lag behind the rest of the world. The leaders of our national movement were resolutely committed to excellence and to making India a powerhouse of intellectual endeavour. It was this vision that informed Pandit Jawaharlal Nehru's perspective when he created institutions of higher learning and excellence that have since stood the Nation in such good stead. The time has come for us to create a second wave of institution building and of excellence in the field of education, research and capability building in India so that we are better prepared for the 21st Century.

These are my expectations from you and as I said in the very beginning that our Government will work very closely with you so that your work achieves the goals that you have set for yourself.

(Source : Prime Minister of India website)

PUBLIC LIBRARY AND RURAL DEVELOPMENT

Rishi Pal Bhardwaj

UNESCO Public Library Manifesto defines a public library as a local gateway to knowledge provides a basic condition for life-long learning, independent decision making and cultural development of the individual as well as the social groups. Dissemination of information on health and hygiene, child care and children's diseases through public libraries will be highly profitable to all segments of the society.

Public libraries are social institutions offering information dissemination services based upon knowledge for various groups on social, political, economic, cultural and other matters. They have been defined differently by variously experts depending upon the importance they give to their objective. There is people's university for those who lay stress on educational aspects, a common man's cultural center for those who have in mind their recreational role and information centres for some others. UNESCO Public Library Manifesto defines a puhlic library as a local gateway to knowledge, provides a basic condition for life-long learning, independent decision making and cultural devclopment of the individual as well as the social groups.

Key Missions

The UNESCO has identified the following key missions of public libraries :

- Creating and strengthening reading skills and habits in children from an early age.
- Supporting both individual and self-creativity of children and young people.
- Promoting awareness of cultural heritage, appreciation of the arts, scientific achievements and innovations.
- Ensuring access for citizens to all sorts of community information.
- Providing adequate information services to local enterprises, associations and interest groups.
- Supporting and participating in literary activities and programmes for all age groups and initiating such activities, if necessary.

With these key missions, the public libraries were taken as facilitator of the development of well informed citizens capable of executing their democratic rights and play responsive and catalytic role in transforming our society.

To know what role could be envisaged for public libraries in shaping the rural society, we need interpretation of certain characteristic features of our contemporary rural society. As the Indian society is a multilingual and multy-cultural society beset with age old traditions. It is a complex task to discuss the features of such a society. However, an attempt is made here to draw certain features of rural society. These are :

Socio-economic Features

There are a number of linguistic groups residing in unilingual or bilingual states. Similarly, the population could be distinguished on the basis of different religions and castes, which have different customs, manners, dresses, family laws etc. Thus, there is the presence of varied beliefs and practices.

As per the latest data available, 70 per cent of the Indian population resides in rural areas, which is very much scattered. It is agriculture oriented. The per capita income is quite low with nearly 40 per cent of the population living below poverty

Lack of information or lack of free flow of information to the masses are impeding this effort. We, therefore, need to provide information suiting the needs of individuals and groups, almost at their doorstep and in a language understandable to them. The immediate implication of this policy requires the establishment of more public libraries as information centres in rural areas. The information in these centers should be oriented largely towards agriculture and should be presented in a non-book form i.e. by the use of oral, audio-visual and mass media communications in view of high level of illiteracy in rural areas.

line. The economic disparities among the rural people are glaring. There is disguised unemployment in agriculture sector. Rural population is steadily migrating to the nearby urban centres, thus further creating problem in urban areas. Most social and economic indicators such as life expectancy, income, physical infrastructure, social services, illiteracy etc. consistently show that rural areas compare unfavourably with urban areas.

Politico- historical Features

Before independence, we have been ruled by princes, kings and emperors over the centuries more or less in an autocratic way. We have inherited rich civilization and a culture which depicts the mixture of various influences. After independence the Constitution of India envisages a democratic society but we are without democratic traditions. Politically we are governed by different political parties with their specific ideologies . The 73rd amendment Act has ushered in a new era of Panchayati Raj in the country and ensures fulfillment of the concept of "power to people" through decentralized democracy . But in the absence of devolution of financial powers to the Panchayats — the very objective of power to people, has been defeated.

Educational Features

Education is the catalyst which leads to human resource development comprising better health, nutrition, improved socio - economic opportunities and more congenial and beneficial natural environment for all. Realising this, our Constitution envisages provision of compulsory primary education for all children between 6-14 years of age. But this target is still to be achieved. Even today nearly half of our people are illiterate comprising 40 per cent male and 46 per cent female. There is a high percentage of dropouts in primary education. They are more concentrated in villages than in towns and cities. Secondary and higher education show some quantitative growth, but these are not in line with planned development of the country. The application of scientific and technological innovations is also very low in rural areas. Many people are unaware of scientific and technological developments which results in poor health, unhygienic conditions and malnutrition in rural areas.

Socio- Psychological Features

People in rural areas are generally found to be tradition bound and fatalistic in their outlook on life. Traits of self-help and independent thinking are not found in many. Information is conserved rather than disseminated. People are governed by fear and diffidence rather than by hope and confidence. They are fearful of experimentation. Religion and language are the barriers hindering national unity and a progressive attitude.

Role of Public Libraries

Having acquainted ourselves with some characteristic features of Indian society, let us try to visualize what role a public library can play in rural development and how it can help in changing the unproductive rural masses into productive and contributive individuals in the overall progress of the nation.

The libraries slowly but surely develop a sense of amity, a sense of respect for the other groups, an appreciation of the difference in language, religion, customs and manners. Thus, sectarian life styles are substituted by democratic life patterns. In this sense, a public library justifies its existence as a democratic institution and in this way, a public library does play an important role in building well informed, skilled individuals and tries to achieve this in a democratic way .

We have unusually large human capital which needs to be harnessed and made productive. Lack of information and lack of free flow of information to the masses are impeding this effort. We, therefore, need to provide information suiting the needs of individuals and groups, almost at their doorstep and in a language understandable to them. The immediate implication of this policy requires the establishment of more public libraries as information centres in rural areas. The information in these centres should be oriented largely towards agriculture and should be presented in a non-book form i.e. by the use of oral, audio-visual and mass media communications in view of high level of illiteracy in rural areas.

To mitigate the hardship of poverty , a library needs to disseminate such information that can help the people in seeking employment, skill upgradation or in generating self-employment activities. Rural folk needs to be informed about the policies and programmes of the government whereby a farmer is able to get money to cultivate his land, purchase quality seeds at reasonable prices, purchase agricultural implements, irrigate his land etc. The ignorance of farmers is at present being exploited by middleman. Similarly, policies of the government relating to agro-industries need to be popularized in villages and hamlets so that a climate in favour of agro-industries is created which, in the long run, will be able to arrest the migration of the rural population. Further, dissemination of information relating to development activities like construction of canals, dams and approach roads, digging water, social

137

elfare activities for weaker sections, stablishment of cottage and village ndustries etc. goes a long way in nproving the economic well-being of he rural population. Like-wise, issemination of information on social ssues relating to unhealthy and nsocial practices like child narriages, the practice of Sati, dowry leath, portrayal of women in low profile, corruption in public life, drinking and gambling etc. in the society, is likely to bring out the issues into the open and rally the people to face them boldly and profitably. In order to enable the people to think loudly on such issues, they should be provided with they free and impartial sources of information. Public library is the most suitable agency to undertake this task.

Inventions and discoveries in the field of agriculture should be brought out from the laboratory to the field. Scientific and technological information needs to be published widely and in an understandable manner so that favourable attitude for such information is created among the rural people . The information relating to science and technology which could be applied in day-to-day life needs to be made known by lectures, demonstrations and science exhibitions. Live demonstrations by agriculture scientists will help the villagers to reap the benefits of new discoveries in the field of agriculture. Dissemination of information through public libraries on health and hygiene, child care, children's diseases will be highly profitable to all segments of the society. Further, as we know, rural people being illiterate and ignorant, they become easy victims of political parties . A public library by providing all shades of opinion on a particular topic or issue engaging the attention of a particular time gives him an opportunity to think over the issue dispassionately and objectively In short, by being an impartial information agency, it stimulates thinking, thinking dispels ignorance and replaces it by understanding and knowledge. Moreover, by bringing together in its socio-culiural activities, seemingly different segments of the society, on a single platform, the libraries slowly but surely develop a sense of amity, a sense of respect for the other groups, an appreciation of the difference in language, religion, customs and manners. Thus, sectarian life styles are substituted by democratic life patterns. In this sense, a public library justifies its existence as a democratic institution and a public library does play an important role in building well informed, skilled individuals and tries to achieve this in a democratic way.

The author is Research Investigator, Department of Sociology, M.D. University. Rohtak.

SELF EMPLOYMENT TO POOR YOUTH

The Government is taking various steps for upliftment and empowerment of the rural women. The Ministry of Rural Development implements a number of rural development and poverty alleviation programmes in the rural areas of the country. While framing the guidelines of various programmes of the Ministry, special components for women have been provided in order to ensure their socio-economic development. The Ministry is implementing a wage employment programme of Sampurna Grameen Rozgar Yojana (SGRY) under which it has been stipulated that 30 per cent of employment opportunities should be reserved for women.

The Swaranjayanti Gram Swarozgar Yojana (SGSY) is a self-employment programme to organize the rural poor into self-help groups to enable them to set up sustainable self-employment. Under this programme, 50 per cent of the groups formed in each block are to be exclusively for women which will account for at least 40 per cent of the total Swarozgar.

Under Indira Awaas Yojana (IAY), houses are to be allotted in the name of women members of the household, or alternatively, in the joint names of husband and wife. Similarly under Rural Sanitation Programme, it has been provided that 10 per cent of the allocated funds can be utilized for construction and maintenance of public latrines for women and under Rural Water Supply. Due representation in village level committees is to be given to the rural women.

138

Rice does not need water

The system of rice intensification method shows how



V VINOD GOUD



In the conventional method of cultivating rice, water is used mainly to kill weeds

Rice consumes about 4,000 – 5,000 litres of water per kg of grain produced. But it is no aquatic crop: it has great ability to tolerate submergence. Water creates unfavourable conditions for weeds, by cutting off sunlight and aeration to the ground. So, rice farmers adopted the practice of submerging rice in water to check weeds. Over the years, it has almost become a prerequisite for rice cultivation.

But today rice productivity has stagnated. The crop does not adequately respond to higher doses of inputs. Growing water scarcity and marginal increases in yield potential makes one believe there is little hope to meet growing demand. Here, an innovative method developed in the African country Madagascar offers a way out.

Called the System of Rice Intensification (SRI), the method was developed by a Jesuit priest Henri de Laulani, about 20 years back. Norman Uphoff bought the method into limelight. This scientist from the Cornell Institute for Food, Agriculture and Development, USA, stumbled upon SRI while doing research in Madagascar.

Today SRI is practised in 20 countries, including India. It has four components: soil fertility management, planting method, weed control, and water (irrigation) management. Several field practices have been developed around these components. The key ones are: soil nutrient management through adequate farmyard manure application, transplanting young seedlings (8 to 12 days old), transplanting with soil clump (along with seed) and regular weeding and protective irrigation to keep soil wet without flooding. Rice grown this way has larger root system and yields are almost double that of the conventional crops. The secret is that rice plants do best when a young plant is transplanted carefully in an area 25 cm long and 25 cm wide. This area is larger than that conventionally allocated to rice plants, but it ensures rice roots grow larger on soil kept well aerated with abundant and diverse soil micro-organisms.

But what about standing water requirements? Standing water only arrests weed growth; it has no other beneficial impact on rice plants. But SRI encourages weeds to grow in the spaces between plants. Meticulous weeding ensures pests do not intrude in to the plant area. In fact the rice plant sucks away nutrients from the weeds.

Water conservation

Studies have shown SRI requires 30 to 60 per cent less water when compared to conventional cultivation methods. Biksham Gujja, policy advisor, Worldwide fund for Nature International, Switzerland remarks, "For a state like Andhra Pradesh this means a lot. The state cultivates rice in around 3.8 million ha consuming about 30 cubic km of water, annually. Adopting SRI will save 10 cubic km of water, even by conservative estimates. That means Andhra Pradesh can redefine its priorities on using water."

Polarised views

Scientists from organisations such as the International Rice Research Institute, Manila, Philippines admonish it as "technologically flawed". But around 250 farmers in 11 districts of Andhra Pradesh have taken to SRI with great success: in many cases higher annual yields of 8 tonnes per hectare (ha) have been reported as against the average yield of 3.5 tonnes/ha in conventional method. The cost of cultivation has also reduced. Seed requirement is only 2 kg per 0.5 ha — much less than 20 kg per ha in conventional method.

SRI is an unusual case of extension taking lead over research. Further studies in areas SRI impinges upon, such as soil biology or chemistry, or rice physiology may throw more understanding on the success of the method. If adopted well, it can be a solution for all the water scarcity maladies of rice cultivation. ■

V Vinod Goud is a Coordinator of a Worldwide Wide Fund for Nature-International Crop Research Institute for Semi-Arid Areas project based in Patancheru, Andhra Pradesh

139

Right to information eludes villagers

Under the Maharashtra Act, information has to be provided to people within 15 working days

Meena Menon

- In May, details were sought on nallah bunding, farm ponds, contour bunds and other works
- 50 villagers sat on hunger strike recently demanding information
- Muster rolls were faked and villagers not paid for two to three months
- Collector issues notices for submission of all muster rolls

SOLAPUR: Ratanjan village, over 50 km from here, in Maharashtra hit the headlines after heavy rain lashed the village destroying thousands of hectares of crops. A month later, about 60 houses in the Dalit basti in the village are still uninhabitable.

But Ratanjan was recently in the news for another reason too. About 50 persons sat on a hunger strike in front of the Taluka Agriculture Office at Barshi earlier this month demanding information on the schemes implemented in their village under the Employment Guarantee Scheme. In May, the villagers had sought information under the Maharashtra Right to Information Act (MRTI) on nallah bunding, farm ponds, contour bunds and other works going on in the village. However, it was not given to them. This gave rise to suspicion that all was not well. There were complaints of inflated muster rolls, fudged payments and false work records. Under the MRTI, information has to be provided within 15 working days failing which the officer concerned is liable to be penalised.

Faked muster rolls

After the hunger strike, officials told the villagers that they would get the information soon. But this brought them little comfort. Sadashiv Jadhav, who took part in the strike, said: "Ours is a highly literate village. We knew for years that things were wrong with the EGS and we decided to use the Maharashtra Right to Information Act. We asked for the number of EGS works, the number of people employed, payments made and how much work was really carried out." Muster rolls were faked and the villagers not paid for two to three months. "I have just been paid for work done in June-July and I am yet to get the coupons for grains."

Ratanjan has a population of 3,500. About 600 are daily wage labourers. The village is located in the drought-hit Barshi taluka and has no irrigation. Since July, there has been very little work. The villagers say they work only for 10 to 15 days. This year, the situation was critical because of the rain. Jayant Kulkarni said he planted four acres with maize. "All our lands are soggy with water. Our crops have been ruined and there is no hope of even a winter crop now as we cannot do anything on our land." The lands are slushy and overgrown with tall weeds. The village has not been declared flood-hit and, therefore, the people are not entitled to compensation for crop loss. "In this situation what are we supposed to do? We need work more than ever and that is not forthcoming."

The worst affected are the Dalits.

Ratanjan symbolises the plight of many villages. Though the heavy rain was unexpected, it was as good as a drought, says Jayant. For the last three to four years, Solapur district has been affected by drought. Every year, Rs. 100 crores is spent on EGS works. The irregularities that surfaced this year, of which no estimates are officially available, could just be the tip of the iceberg. Thanks to the controversy over the EGS works, the number of labourers has reduced considerably and few works are in progress. However, payments have been made for work done in June-July.

Three cases of fraud have been lodged. An inquiry is under way. Manoj Nimbalkar, a clerk in the Collector's office and nine others from the Agriculture Department have been charged with forgery, misappropriation of funds and faking muster rolls. They are absconding.

The EGS Act stipulation that muster rolls have to be displayed at the time of the work has never been implemented. The Government initially stopped Collector Manisha Verma's plans to conduct a social audit of the EGS works. Last week, she issued notices demanding that the Agriculture Department, which carries out a large part of the works, submit all the muster rolls.

Ms. Verma had also prepared a time-bound chart of payments, amounting to over Rs. 11 crores for June and July, which would be supervised by a local official. But it was not implemented by the Department concerned. The order to display muster rolls at the time of payment was also ignored.

ROLE OF NGOS AND TRIBAL DEVELOPMENT IN NILGIRIS DISTRICT

P. Shanmugam ✍



The Non Governmental Organisations (NGOs) or Voluntary Organizations (VOs) have been working for the betterment of the rural poor especially the downtrodden communities viz., SCs and STs. After independence, the role of NGOs is commendable in India and other developing countries. This is because of the inability of the government in delivering the services to the targeted people. The NGOs are defined as voluntary organizations that work often on behalf of others. Their works and activities focus on issues and people beyond their own and membership. Thus a voluntary organization is an organized collectivity of the people organized and managed by them on a voluntary basis for working towards the welfare and development of the people.

Tamil Nadu is one of the fastest growing States in India. However, it has a considerable population below poverty line. The poverty ratio also is very high among the tribal population. There are about 40 types of tribes, and among them 6 tribes are, considered primitive. Nilgiris district is the only district in the State that comprises all the primitive tribes.

In general, the tribes are the weakest section in the society. To improve their living standard, both the State and Central Governments have been providing various welfare and developmental activities. However, these activities do not properly reach the people in need. So, the government has been approaching the NGOs to deliver the welfare and developmental activities to the needed.

There are about 20 NGOs in Nilgiris district. However, some of the NGOs are providing commendable services to the tribals of the district.

These NGOs have adopted villages or hamlets or communities or classes of a particular community or particular activity and work for them until the beneficiaries reach sustainable development. Most of the NGOs are functioning in the areas of health, education, poverty eradication, rural credit, community development, women empowerment, gender discrimination through SHGs, emergency relief, and income generation activities so as to protect the tribes from all forms of exploitations viz., indebtedness, land alienation, abolition or intermediaries, women atrocities etc., and make them aware of the welfare and developmental activities delivered either by the government or by the non-governmental organizations. However, some of the NGOs are working on any one of these areas separately, while most of the organizations combine all of them according to the need of the beneficiaries and source of finance of the NGO.

Most of the NGOs' sources of finance are Central and State Governments, foreign donors, private donors, and other NGOs. Apart from these sources, they also mobilize funds through creating assets and income generation activities at a meagre level. Based on the availability of funds, they choose the activities. Most of the NGOs concentrate on the following areas and make the tribes capable of attaining a better standard in the district.

Health: Most of the organizations are involved in the service. Under this programme some of the organizations have started hospitals, and they also maintain them properly. Apart from these permanent hospitals, they provide medical services through creches, dispensaries, and mobile medical services and conduct various camps either through private and/or other voluntary medical service agencies. Further, some of the organizations conduct medical check-ups regularly.

Education: Even today, another important problem among the tribes is illiteracy leading to ignorance. Here too, some of the organizations maintain their own schools through which they provide free education to the tribes in this district. Some other organizations help the tribal students in the form of financial assistance viz., school and hostel fee, uniform and stationeries, while a few NGOs have adopted some Tribal Residential School providing additional hours of teaching and noon meals to the tribal students.

Income Generation Activities: Recently, the NGOs have realized that the income generation activities would improve the economic condition of the tribes. Some of the income generative activities are collective farming, starting women Self Help Groups, purchasing the handicrafts from the tribes, and helping the tribes to start petty shops, and to the tribal farmers, they provide tea plants at a subsidized rate to encourage tea production among the tribes.

Apart from these specific activities, they indirectly help the tribes to safeguard them from indebtedness, land alienation, and poverty eradication and make them aware of the developmental activities and legislations in favour of them. Thus their role in the tribal development is commendable. In North and North-Eastern parts of India, the NGOs fight against the exploitation of the tribes and have started various tribal movements. But in the Southern parts, Nilgiris district in particular, the NGOs are not involved in starting the tribal movements, since the exploitation of the tribes by the non-tribes is not severe here. From the NGOs, point of view, the government should deliver the funds timely (this is one of the important problems for all the NGOs), to encourage the NGOs in rendering their services to the tribes in time. ❑

(S.No.18818)

✍ Department of Economics
Government Arts College
Chidambaram

Seek any information from October 12

22/9/05 T I

TIMES NEWS NETWORK

Hyderabad: From October 12 onwards, any citizen in the state can walk into any government, quasi-government and public sector office and submit an application to the designated Assistant Public Information Officer (APIO) seeking information and copies of documents relating to practically any issue.

This would be possible as the Right to Information Act, 2005 becomes fully operational from October 12.

Under the Act which received President's assent on June 15, every office of the government, public sector undertaking and local body at every level would have to designate an officer each as Public Information Officer (PIO) and APIO within 100 days of the Act receiving President's assent.

As the 100 day period is coming to an end on September 23, special chief secretary A Raghotham Rao on Wednesday asked all departments upto the village level to designate PIOs and APIOs by the stipulated date.

Addressing a press conference along with Centre for Good Governance (CGG) director-general P K Mohanty and information and public relations commissioner K Ramanachary, Rao said that the Act made it mandatory for all departments and offices to declare 'suo motu' (on their own) the details of their activities, staffing pattern and the like. This declaration would have to be made within 120 days of the Act receiving President's assent, i.e., by October 12. The CGG had identified 17 heads under which all departments could make this declaration.

The Right to Information Act makes it mandatory for all departments to declare *suo motu* the details of their activities, staffing pattern and the like.

Rao said that a number of workshops have been held with the help of media and civil society organisations to prepare officials for the implementation of the 'historic' Act which gives a legal backing to the right to information. The rules for implementation of the Act, with details of how the information could be provided, what could be token fees and the like, would be prepared in 10 days, he said.

Under the Act, the PIOs are bound to dispose of all requests received for information within 30 days. If the applicant fails to get information within this period or if he or she is not satisfied with the information provided, he or she can make an appeal within 30 days to the appellate officer above the PIO.

If still not satisfied, a further appeal can be made within 90 days before the State Information Commission to be constituted for the purpose. This statutory commission will be headed by a chief information commissioner and comprises 10 commissioners.

142